

PRELIMINARY DRAFT

TEXAS LEGISLATIVE COUNCIL
Government Code
Chapter 526
9/2/22

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14 EXECUTIVE COMMISSIONER

15 SUBCHAPTER A. INTERNET WEBSITES, ELECTRONIC RESOURCES, AND OTHER
16 TECHNOLOGY

17 Revised Law

18 Sec. 526.0001. DEFINITIONS. In this subchapter:

19 (1) "Council" means the Records Management
20 Interagency Coordinating Council.

21 (2) "Network" means the Texas Information and Referral
22 Network. (New.)

23 Revisor's Note

24 The definitions of "council" and "network" are
25 added to the revised law for drafting convenience and
26 to eliminate frequent, unnecessary repetition of the
27 substance of the definitions.

28 Revised Law

29 Sec. 526.0002. INTERNET WEBSITE FOR HEALTH AND HUMAN
30 SERVICES INFORMATION. (a) The commission, in cooperation with the
31 Department of Information Resources, shall maintain through the
32 state electronic Internet portal project established by the
33 department a generally accessible and interactive Internet website
34 that contains information for the public regarding the services and

1 programs each health and human services agency provides or
2 administers in this state. The commission shall establish the
3 website in such a manner that allows it to be located easily through
4 electronic means.

5 (b) The Internet website must:

6 (1) include information that is:

7 (A) presented in a concise and easily
8 understandable and accessible format; and

9 (B) organized by the type of service provided
10 rather than by the agency or provider delivering the service;

11 (2) provide eligibility criteria for each health and
12 human services agency program;

13 (3) provide application forms for each of the public
14 assistance programs administered by a health and human services
15 agency, including forms for:

16 (A) the financial assistance program under
17 Chapter 31, Human Resources Code;

18 (B) Medicaid; and

19 (C) the nutritional assistance program under
20 Chapter 33, Human Resources Code;

21 (4) to avoid duplication of functions and efforts,
22 provide a link to an Internet website maintained by the network
23 under Section 526.0005;

24 (5) provide the telephone number and, to the extent
25 available, the e-mail address for each health and human services
26 agency and local health and human services provider;

27 (6) be designed in a manner that allows a member of the
28 public to electronically:

29 (A) send questions about each agency's programs
30 or services; and

31 (B) receive the agency's responses to those
32 questions; and

33 (7) be updated at least quarterly.

34 (c) In designing the Internet website, the commission shall

1 comply with any state standards for Internet websites that are
2 prescribed by the Department of Information Resources or any other
3 state agency.

4 (d) The commission shall ensure that:

5 (1) the Internet website's design and applications:

6 (A) comply with generally acceptable standards
7 for Internet accessibility for individuals with disabilities; and

8 (B) contain appropriate controls for information
9 security; and

10 (2) the Internet website does not contain any
11 confidential information, including any confidential information
12 regarding a client of a human services provider.

13 (e) A health and human services agency, the network, and the
14 Department of Information Resources shall cooperate with the
15 commission to the extent necessary to enable the commission to
16 perform its duties under this section. (Gov. Code, Secs.
17 531.0317(b), (c), (d), (e), (f).)

18 Source Law

19 (b) The commission, in cooperation with the
20 Department of Information Resources, shall establish
21 and maintain through the state electronic Internet
22 portal project established by the Department of
23 Information Resources a generally accessible and
24 interactive Internet site that contains information
25 for the public regarding the services and programs
26 provided or administered by each of the health and
27 human services agencies throughout the state. The
28 commission shall establish the site in such a manner
29 that it can be located easily through electronic
30 means.

31 (c) The Internet site must:

32 (1) contain information that is:

33 (A) in a concise and easily
34 understandable and accessible format; and

35 (B) organized by the type of service
36 provided rather than by the agency or provider
37 delivering the service;

38 (2) contain eligibility criteria for each
39 agency program;

40 (3) contain application forms for each of
41 the public assistance programs administered by health
42 and human services agencies, including application
43 forms for:

44 (A) financial assistance under
45 Chapter 31, Human Resources Code;

46 (B) Medicaid; and

47 (C) nutritional assistance under
48 Chapter 33, Human Resources Code;

49 (4) to avoid duplication of functions and

1 efforts, provide a link that provides access to a site
2 maintained by the Texas Information and Referral
3 Network under Section 531.0313;

4 (5) contain the telephone number and, to
5 the extent available, the electronic mail address for
6 each health and human services agency and local
7 provider of health and human services;

8 (6) be designed in a manner that allows a
9 member of the public to send questions about each
10 agency's programs or services electronically and
11 receive responses to the questions from the agency
12 electronically; and

13 (7) be updated at least quarterly.

14 (d) In designing the Internet site, the
15 commission shall comply with any state standards for
16 Internet sites that are prescribed by the Department
17 of Information Resources or any other state agency.

18 (e) The commission shall ensure that:

19 (1) the Internet site does not contain any
20 confidential information, including any confidential
21 information regarding a client of a human services
22 provider; and

23 (2) the Internet site's design and
24 applications comply with generally acceptable
25 standards for Internet accessibility for persons with
26 disabilities and contain appropriate controls for
27 information security.

28 (f) A health and human services agency, the
29 Texas Information and Referral Network, and the
30 Department of Information Resources shall cooperate
31 with the commission to the extent necessary to enable
32 the commission to perform its duties under this
33 section.

34 Revisor's Note

35 (1) Section 531.0317(a), Government Code,
36 defines the term "Internet." The revised law omits the
37 definition as unnecessary. Section 311.011(a),
38 Government Code (Code Construction Act), applicable to
39 the revised law, provides that words and phrases shall
40 be read in context and construed according to the rules
41 of grammar and common usage. The definition is
42 consistent with the meaning of that term in common
43 usage and does not establish a technical or particular
44 meaning of the term. The omitted law reads:

45 Sec. 531.0317. HEALTH AND HUMAN
46 SERVICES INFORMATION MADE AVAILABLE THROUGH
47 THE INTERNET. (a) In this section,
48 "Internet" means the largest
49 nonproprietary, nonprofit cooperative
50 public computer network, popularly known as
51 the Internet.

52 (2) Section 531.0317(b), Government Code,
53 requires the Health and Human Services Commission to

1 "establish" and maintain an Internet website
2 containing certain information for the public. The
3 revised law omits "establish" as executed because the
4 commission has established the website.

5 (3) Section 531.0317(e)(2), Government Code,
6 refers to persons with disabilities. Throughout this
7 chapter, the revised law substitutes "individual" for
8 "person" for clarity and consistency where the context
9 makes clear the referenced person is a natural person
10 and not an entity described by the definition of
11 "person" provided by Section 311.005(2), Government
12 Code (Code Construction Act), which applies to this
13 code.

14 Revised Law

15 Sec. 526.0003. INFORMATION ON LONG-TERM CARE SERVICES. (a)
16 The Internet website maintained under Section 526.0002 must include
17 information for consumers concerning long-term care services. The
18 information must:

19 (1) be presented in a manner that is easily accessible
20 to and understandable by a consumer; and

21 (2) allow a consumer to make informed choices
22 concerning long-term care services and include:

23 (A) an explanation of the manner in which
24 long-term care service delivery is administered in different
25 counties through different programs the commission operates so that
26 an individual can easily understand the service options available
27 in the area in which that individual lives; and

28 (B) for the STAR+PLUS Medicaid managed care
29 program, information in an accessible format, such as a table, that
30 allows a consumer to evaluate the performance of each participating
31 plan issuer, including for each issuer:

32 (i) the enrollment in each county;
33 (ii) additional "value-added" services
34 provided;

1 (iii) a summary of the financial
2 statistical report required under Subchapter _____, Chapter
3 _____ [[[Subchapter A, Chapter 533]]];

4 (iv) complaint information;

5 (v) any sanction or penalty imposed by any
6 state agency, including a sanction or penalty imposed by the
7 commission or the Texas Department of Insurance;

8 (vi) consumer satisfaction information;
9 and

10 (vii) other data, including relevant data
11 from reports of external quality review organizations, that may be
12 used by the consumer to evaluate the quality of the services
13 provided.

14 (b) In addition to providing the information required by
15 this section through the Internet website, the commission shall, on
16 request by a consumer without Internet access, provide the consumer
17 with a printed copy of the information from the Internet website.
18 The commission may charge a reasonable fee for printing the
19 information. The executive commissioner by rule shall establish the
20 fee amount. (Gov. Code, Sec. 531.0318.)

21 Source Law

22 Sec. 531.0318. LONG-TERM CARE CONSUMER
23 INFORMATION MADE AVAILABLE THROUGH THE INTERNET. (a)
24 The Internet site maintained under Section 531.0317
25 must include information for consumers concerning
26 long-term care services that complies with this
27 section. The Internet site maintained by the
28 Department of Aging and Disability Services must also
29 include, or provide a link to, the information
30 required by this section.

31 (b) The information for consumers required by
32 this section must:

33 (1) be presented in a manner that is easily
34 accessible to, and understandable by, a consumer; and

35 (2) allow a consumer to make informed
36 choices concerning long-term care services and
37 include:

38 (A) an explanation of the manner in
39 which long-term care service delivery is administered
40 in different counties through different programs
41 operated by the commission and by the Department of
42 Aging and Disability Services, so that an individual
43 can easily understand the service options available in
44 the area in which that individual lives; and

45 (B) for the Star + Plus Medicaid
46 managed care program, information that allows a

1 consumer to evaluate the performance of each
2 participating plan issuer, including for each issuer,
3 in an accessible format such as a table:

4 (i) the enrollment in each
5 county;

6 (ii) additional "value-added"
7 services provided;

8 (iii) a summary of the
9 financial statistical report required under
10 Subchapter A, Chapter 533;

11 (iv) complaint information;

12 (v) any sanction or penalty
13 imposed by any state agency, including a sanction or
14 penalty imposed by the commission or the Texas
15 Department of Insurance;

16 (vi) information concerning
17 consumer satisfaction; and

18 (vii) other data, including
19 relevant data from reports of external quality review
20 organizations, that may be used by the consumer to
21 evaluate the quality of the services provided.

22 (c) In addition to providing the information
23 required by this section through the Internet, the
24 commission or the Department of Aging and Disability
25 Services shall, on request by a consumer without
26 Internet access, provide the consumer with a printed
27 copy of the information from the website. The
28 commission or department may charge a reasonable fee
29 for printing the information. The executive
30 commissioner shall establish the fee by rule.

31 Revisor's Note

32 (1) Section 531.0318(a), Government Code,
33 requires that "[t]he Internet site maintained by the
34 Department of Aging and Disability Services must also
35 include, or provide a link to, the information
36 required by this section." Sections 531.0318(b) and
37 (c), Government Code, also refer to the "Department of
38 Aging and Disability Services." The Department of
39 Aging and Disability Services was abolished September
40 1, 2017, in accordance with Section 531.0202(b),
41 Government Code, which is executed law that expires
42 September 1, 2023. The revised law therefore omits the
43 quoted language from Sections 531.0318(a), (b), and
44 (c), and, throughout this chapter, omits references to
45 the "Department of Aging and Disability Services" as
46 obsolete.

47 (2) Section 531.0318(a), Government Code,
48 requires that an Internet website include information
49 "that complies with this section." The revised law

1 omits the quoted language as unnecessary because the
2 requirements of Section 531.0318, which is revised as
3 this section, apply by their own terms.

4 Revised Law

5 Sec. 526.0004. TEXAS INFORMATION AND REFERRAL NETWORK. (a)
6 The Texas Information and Referral Network is responsible for
7 developing, coordinating, and implementing a statewide information
8 and referral network that integrates existing community-based
9 structures with state and local agencies. The network must:

10 (1) include information relating to transportation
11 services provided to clients of state and local agencies;

12 (2) be capable of assisting with statewide disaster
13 response and emergency management, including through the use of
14 interstate agreements with out-of-state call centers to ensure
15 preparedness and responsiveness;

16 (3) include technology capable of communicating with
17 clients of state and local agencies using electronic text
18 messaging; and

19 (4) include a publicly accessible Internet-based
20 system to provide real-time, searchable data about the location and
21 number of clients of state and local agencies using the system and
22 the types of requests the clients made.

23 (b) The commission shall cooperate with the council and the
24 comptroller to establish a single method of categorizing
25 information about health and human services to be used by the
26 council and the network. The network, in cooperation with the
27 council and the comptroller, shall ensure that:

28 (1) information relating to health and human services
29 is included in each residential telephone directory published by a
30 for-profit publisher and distributed to the public at minimal or no
31 cost; and

32 (2) the single method of categorizing information
33 about health and human services is used in the directory.

34 (c) A health and human services agency or a public or

1 private entity receiving state-appropriated money to provide
2 health and human services shall provide the council and the network
3 with information about the health and human services the agency or
4 entity provides for inclusion in the statewide information and
5 referral network, residential telephone directories described by
6 Subsection (b), and any other materials produced under the
7 council's or the network's direction. The agency or entity shall
8 provide the information in the format the council or the network
9 requires and shall update the information at least quarterly or as
10 required by the council or the network.

11 (d) The Texas Department of Housing and Community Affairs
12 shall provide the network with information regarding the
13 department's housing and community affairs programs for inclusion
14 in the statewide information and referral network. The department
15 shall provide the information in a form the commission determines
16 and shall update the information at least quarterly.

17 (e) Each local workforce development board, the Texas Head
18 Start State Collaboration Office, and each school district shall
19 provide the network with information regarding eligibility for and
20 availability of child-care and education services as defined by
21 Section 526.0006 for inclusion in the statewide information and
22 referral network. The local workforce development boards, Texas
23 Head Start State Collaboration Office, and school districts shall
24 provide the information in a form the executive commissioner
25 determines. (Gov. Code, Sec. 531.0312.)

26 Source Law

27 Sec. 531.0312. TEXAS INFORMATION AND REFERRAL
28 NETWORK. (a) The Texas Information and Referral
29 Network at the commission is the program responsible
30 for the development, coordination, and implementation
31 of a statewide information and referral network that
32 integrates existing community-based structures with
33 state and local agencies. The network must:
34 (1) include information relating to
35 transportation services provided to clients of state
36 and local agencies;
37 (2) be capable of assisting with statewide
38 disaster response and emergency management, including
39 through the use of interstate agreements with
40 out-of-state call centers to ensure preparedness and
41 responsiveness;

1 (3) include technology capable of
2 communicating with clients of state and local agencies
3 using electronic text messaging; and

4 (4) include a publicly accessible
5 Internet-based system to provide real-time,
6 searchable data about the location and number of
7 clients of state and local agencies using the system
8 and the types of requests made by the clients.

9 (b) The commission shall cooperate with the
10 Records Management Interagency Coordinating Council
11 and the comptroller to establish a single method of
12 categorizing information about health and human
13 services to be used by the Records Management
14 Interagency Coordinating Council and the Texas
15 Information and Referral Network. The network, in
16 cooperation with the council and the comptroller,
17 shall ensure that:

18 (1) information relating to health and
19 human services is included in each residential
20 telephone directory published by a for-profit
21 publisher and distributed to the public at minimal or
22 no cost; and

23 (2) the single method of categorizing
24 information about health and human services is used in
25 a residential telephone directory described by
26 Subdivision (1).

27 (c) A health and human services agency or a
28 public or private entity receiving state-appropriated
29 funds to provide health and human services shall
30 provide the Texas Information and Referral Network and
31 the Records Management Interagency Coordinating
32 Council with information about the health and human
33 services provided by the agency or entity for
34 inclusion in the statewide information and referral
35 network, residential telephone directories described
36 by Subsection (b), and any other materials produced
37 under the direction of the network or the council. The
38 agency or entity shall provide the information in the
39 format required by the Texas Information and Referral
40 Network or the Records Management Interagency
41 Coordinating Council and shall update the information
42 at least quarterly or as required by the network or the
43 council.

44 (d) The Texas Department of Housing and
45 Community Affairs shall provide the Texas Information
46 and Referral Network with information regarding the
47 department's housing and community affairs programs
48 for inclusion in the statewide information and
49 referral network. The department shall provide the
50 information in a form determined by the commission and
51 shall update the information at least quarterly.

52 (e) Each local workforce development board, the
53 Texas Head Start State Collaboration Office, and each
54 school district shall provide the Texas Information
55 and Referral Network with information regarding
56 eligibility for and availability of child-care and
57 education services for inclusion in the statewide
58 information and referral network. The local workforce
59 development boards, Texas Head Start State
60 Collaboration Office, and school districts shall
61 provide the information in a form determined by the
62 executive commissioner. In this subsection,
63 "child-care and education services" has the meaning
64 assigned by Section 531.03131.

65 Revisor's Note

66 Section 531.0312(c), Government Code, refers to

1 certain entities receiving "funds" appropriated by the
2 state. Throughout this chapter, the revised law
3 substitutes "money" for "funds" because, in context,
4 the meaning is the same and "money" is the more
5 commonly used term.

6 Revised Law

7 Sec. 526.0005. INTERNET WEBSITE FOR HEALTH AND HUMAN
8 SERVICES REFERRAL INFORMATION. (a) The network may develop an
9 Internet website to provide information to the public regarding the
10 health and human services provided by public or private entities
11 throughout this state.

12 (b) The material on the network Internet website must be:

13 (1) geographically indexed, including by type of
14 service provided within each geographic area; and

15 (2) designed to inform an individual about the health
16 and human services provided in the area in which the individual
17 lives.

18 (c) The Internet website may contain:

19 (1) links to the Internet websites of any local health
20 and human services provider;

21 (2) the name, address, and telephone number of
22 organizations providing health and human services in a county and a
23 description of the type of services those organizations provide;
24 and

25 (3) any other information that educates the public
26 about the health and human services provided in a county.

27 (d) The network shall coordinate with the Department of
28 Information Resources to maintain the Internet website through the
29 state electronic Internet portal project established by the
30 department. (Gov. Code, Secs. 531.0313(a), (b), (c), (d).)

31 Source Law

32 Sec. 531.0313. ELECTRONIC ACCESS TO HEALTH AND
33 HUMAN SERVICES REFERRAL INFORMATION. (a) The Texas
34 Information and Referral Network may develop an
35 Internet site to provide information to the public
36 regarding the health and human services provided by

1 public or private entities throughout the state.

2 (b) The material in the Texas Information and
3 Referral Network Internet site must be geographically
4 indexed and designed to inform an individual about the
5 health and human services provided in the area where
6 the individual lives. The material must be further
7 indexed by type of service provided within each
8 geographic area.

9 (c) The Internet site may contain links to the
10 Internet sites of any local provider of health and
11 human services and may contain:

12 (1) the name, address, and phone number of
13 organizations providing health and human services in a
14 county;

15 (2) a description of the type of services
16 provided by those organizations; and

17 (3) any other information to educate the
18 public about the health and human services provided in
19 a county.

20 (d) The Texas Information and Referral Network
21 shall coordinate with the Department of Information
22 Resources to maintain the Internet site through the
23 state electronic Internet portal project established
24 by the Department of Information Resources.

25 Revisor's Note

26 Section 531.0313(e), Government Code, defines
27 the term "Internet." The revised law omits the
28 definition for the reason stated in Revisor's Note (1)
29 to Section 526.0002 of this chapter. The omitted law
30 reads:

31 (e) In this section, "Internet" means
32 the largest nonproprietary, nonprofit
33 cooperative public computer network,
34 popularly known as the Internet.

35 Revised Law

36 Sec. 526.0006. INTERNET WEBSITE FOR CHILD-CARE AND
37 EDUCATION SERVICES REFERRAL INFORMATION. (a) In this section,
38 "child-care and education services" means:

39 (1) subsidized child-care services administered by
40 the Texas Workforce Commission and local workforce development
41 boards and funded wholly or partly by federal child-care
42 development funds;

43 (2) child-care and education services provided by a
44 Head Start or Early Head Start program provider;

45 (3) child-care and education services provided by a
46 school district through a prekindergarten or after-school program;
47 and

1 (4) any other government-funded child-care and
2 education services, other than education and services a school
3 district provides as part of the general program of public
4 education, designed to educate or provide care for children younger
5 than 13 years of age in middle-income or low-income families.

6 (b) In addition to providing health and human services
7 information, the network Internet website established under
8 Section 526.0005 must provide information to the public regarding
9 child-care and education services public or private entities
10 provide throughout this state. The Internet website will serve as a
11 single point of access through which an individual may be directed
12 toward information regarding the manner of or location for applying
13 for all child-care and education services available in the
14 individual's community.

15 (c) To the extent resources are available, the Internet
16 website must:

17 (1) be geographically indexed and designed to inform
18 an individual about the child-care and education services provided
19 in the area in which the individual lives;

20 (2) contain prescreening questions to determine an
21 individual's or family's probable eligibility for child-care and
22 education services; and

23 (3) be designed in a manner that allows network staff
24 to:

25 (A) provide an applicant with the telephone
26 number, physical address, and e-mail address of the:

27 (i) nearest Head Start or Early Head Start
28 office or center and local workforce development center; and

29 (ii) appropriate school district; and

30 (B) send an e-mail message to each appropriate
31 entity described by Paragraph (A) containing each applicant's name
32 and contact information and a description of the services for which
33 the applicant is applying.

34 (d) On receipt of an e-mail message from the network under

1 Subsection (c)(3)(B), each applicable entity shall:

2 (1) contact the applicant to verify information
3 regarding the applicant's eligibility for available child-care and
4 education services; and

5 (2) on certifying the applicant's eligibility, match
6 the applicant with entities providing those services in the
7 applicant's community, including local workforce development
8 boards, local child-care providers, or a Head Start or Early Head
9 Start program provider.

10 (e) The child-care resource and referral network described
11 by Chapter 310, Labor Code, and each entity providing child-care
12 and education services in this state, including local workforce
13 development boards, the Texas Education Agency, school districts,
14 Head Start and Early Head Start program providers, municipalities,
15 counties, and other political subdivisions of this state, shall
16 cooperate with the network as necessary to administer this section.
17 (Gov. Code, Sec. 531.03131.)

18 Source Law

19 Sec. 531.03131. ELECTRONIC ACCESS TO CHILD-CARE
20 AND EDUCATION SERVICES REFERRAL INFORMATION. (a) In
21 this section, "child-care and education services"
22 means:

23 (1) subsidized child-care services
24 administered by the Texas Workforce Commission and
25 local workforce development boards and funded wholly
26 or partly by federal child-care development funds;

27 (2) child-care and education services
28 provided by a Head Start or Early Head Start program
29 provider;

30 (3) child-care and education services
31 provided by a school district through a
32 prekindergarten or after-school program; and

33 (4) any other government-funded
34 child-care and education services, other than
35 education and services provided by a school district
36 as part of the general program of public and secondary
37 education, designed to educate or provide care for
38 children under the age of 13 in middle-income or
39 low-income families.

40 (b) In addition to providing health and human
41 services information, the Texas Information and
42 Referral Network Internet site established under
43 Section 531.0313 shall provide information to the
44 public regarding child-care and education services
45 provided by public or private entities throughout the
46 state. The Internet site will serve as a single point
47 of access through which a person may be directed on how
48 or where to apply for all child-care and education
49 services available in the person's community.

1 (c) To the extent resources are available, the
2 Internet site must:

3 (1) be geographically indexed and designed
4 to inform an individual about the child-care and
5 education services provided in the area where the
6 person lives;

7 (2) contain prescreening questions to
8 determine a person's or family's probable eligibility
9 for child-care and education services; and

10 (3) be designed in a manner that allows
11 staff of the Texas Information and Referral Network
12 to:

13 (A) provide an applicant with the
14 telephone number, physical address, and electronic
15 mail address of the nearest Head Start or Early Head
16 Start office or center and local workforce development
17 center and the appropriate school district; and

18 (B) send an electronic mail message
19 to each appropriate entity described by Paragraph (A)
20 containing the name of and contact information for
21 each applicant and a description of the services the
22 applicant is applying for.

23 (d) On receipt of an electronic mail message
24 from the Texas Information and Referral Network under
25 Subsection (c)(3)(B), each entity shall contact the
26 applicant to verify information regarding the
27 applicant's eligibility for available child-care and
28 education services and, on certifying eligibility,
29 shall match the applicant with entities providing
30 those services in the applicant's community, including
31 local workforce development boards, local child-care
32 providers, or a Head Start or Early Head Start program
33 provider.

34 (e) The child-care resource and referral
35 network under Chapter 310, Labor Code, and each entity
36 providing child-care and education services in this
37 state, including local workforce development boards,
38 the Texas Education Agency, school districts, Head
39 Start and Early Head Start program providers,
40 municipalities, counties, and other political
41 subdivisions of this state, shall cooperate with the
42 Texas Information and Referral Network as necessary in
43 the administration of this section.

44 Revisor's Note

45 Section 531.03131(b), Government Code, states
46 that the Texas Information and Referral Network
47 Internet website "shall" provide certain information.
48 The revised law substitutes "must" for "shall,"
49 because, in context, "must" is the more commonly used
50 term where no duty is imposed on a person or entity and
51 the subject of the sentence is an inanimate object.

52 Revised Law

53 Sec. 526.0007. INTERNET WEBSITE FOR REFERRAL INFORMATION ON
54 HOUSING OPTIONS FOR INDIVIDUALS WITH MENTAL ILLNESS. (a) The
55 commission shall make available through the network Internet

1 website established under Section 526.0005 information regarding
2 housing options for individuals with mental illness provided by
3 public or private entities throughout this state. The Internet
4 website serves as a single point of access through which an
5 individual may be directed toward information regarding the manner
6 of or where to apply for housing for individuals with mental illness
7 in the individual's community. In this subsection, "private
8 entity" includes any provider of housing specifically for
9 individuals with mental illness other than a state agency, county,
10 municipality, or other political subdivision of this state,
11 regardless of whether the provider accepts payment for providing
12 housing for those individuals.

13 (b) To the extent resources are available, the Internet
14 website must be geographically indexed and designed to inform an
15 individual about the housing options for individuals with mental
16 illness provided in the area in which the individual lives.

17 (c) The Internet website must contain a searchable listing
18 of available housing options for individuals with mental illness by
19 type with a definition for each type of housing and an explanation
20 of the populations of individuals with mental illness generally
21 served by that type of housing. The list must include the following
22 types of housing for individuals with mental illness:

- 23 (1) state hospitals;
- 24 (2) step-down units in state hospitals;
- 25 (3) community hospitals;
- 26 (4) private psychiatric hospitals;
- 27 (5) an inpatient treatment service provider in the
28 network of service providers assembled by a local mental health
29 authority under Section 533.035(c), Health and Safety Code;
- 30 (6) assisted living facilities;
- 31 (7) continuing care facilities;
- 32 (8) boarding homes;
- 33 (9) emergency shelters for individuals who are
34 homeless;

1 (10) transitional housing intended to move
2 individuals who are homeless to permanent housing;

3 (11) supportive housing or long-term, community-based
4 affordable housing that provides supportive services;

5 (12) general residential operations, as defined by
6 Section 42.002, Human Resources Code; and

7 (13) residential treatment centers or a type of
8 general residential operation that provides services to children
9 with emotional disorders in a structured and supportive
10 environment.

11 (d) For each housing facility named in the listing of
12 available housing options for individuals with mental illness, the
13 Internet website must indicate whether the provider operating the
14 housing facility is licensed by this state.

15 (e) The Internet website must display a disclaimer that the
16 information provided is for informational purposes only and is not
17 an endorsement or recommendation of any type of housing or any
18 housing facility.

19 (f) Each entity providing housing specifically for
20 individuals with mental illness in this state, including the
21 commission, counties, municipalities, other political subdivisions
22 of this state, and private entities, shall cooperate with the
23 network as necessary to administer this section. (Gov. Code, Sec.
24 531.03132.)

25 Source Law

26 Sec. 531.03132. ELECTRONIC ACCESS TO REFERRAL
27 INFORMATION ABOUT HOUSING OPTIONS FOR PERSONS WITH
28 MENTAL ILLNESS. (a) The commission shall make
29 available through the Texas Information and Referral
30 Network Internet site established under Section
31 531.0313 information regarding housing options for
32 persons with mental illness provided by public or
33 private entities throughout the state. The Internet
34 site will serve as a single point of access through
35 which a person may be directed on how or where to apply
36 for housing for persons with mental illness in the
37 person's community. In this subsection, "private
38 entity" includes any provider of housing specifically
39 for persons with mental illness other than a state
40 agency, municipality, county, or other political
41 subdivision of this state, regardless of whether the
42 provider accepts payment for providing housing for

1 persons with mental illness.

2 (b) To the extent resources are available, the
3 Internet site must be geographically indexed and
4 designed to inform a person about the housing options
5 for persons with mental illness provided in the area
6 where the person lives.

7 (c) The Internet site must contain a searchable
8 listing of available housing options for persons with
9 mental illness by type, with a definition for each type
10 of housing and an explanation of the populations of
11 persons with mental illness generally served by that
12 type of housing. The list must contain at a minimum
13 the following types of housing for persons with mental
14 illness:

- 15 (1) state hospitals;
- 16 (2) step-down units in state hospitals;
- 17 (3) community hospitals;
- 18 (4) private psychiatric hospitals;
- 19 (5) a provider of inpatient treatment
20 services in the network of service providers assembled
21 by a local mental health authority under Section
22 533.035(e), Health and Safety Code;
- 23 (6) assisted living facilities;
- 24 (7) continuing care facilities;
- 25 (8) boarding homes;
- 26 (9) emergency shelters for homeless
27 persons;
- 28 (10) transitional housing intended to move
29 homeless persons to permanent housing;
- 30 (11) supportive housing, or long-term,
31 community-based affordable housing that provides
32 supportive services;
- 33 (12) general residential operations, as
34 defined by Section 42.002, Human Resources Code; and
- 35 (13) residential treatment centers, or a
36 type of general residential operation that provides
37 services to children with emotional disorders in a
38 structured and supportive environment.

39 (d) For each housing facility named in the
40 listing of available housing options for persons with
41 mental illness, the Internet site must indicate
42 whether the provider that operates the housing
43 facility is licensed by the state.

44 (e) The Internet site must display a disclaimer
45 that the information provided is for informational
46 purposes only and is not an endorsement or
47 recommendation of any type of housing or any housing
48 facility.

49 (f) Each entity providing housing specifically
50 for persons with mental illness in this state,
51 including the Department of State Health Services,
52 municipalities, counties, other political
53 subdivisions of this state, and private entities,
54 shall cooperate with the Texas Information and
55 Referral Network as necessary in the administration of
56 this section.

57 Revisor's Note

58 (1) Section 531.03132(c), Government Code,
59 refers to a list that must "contain at a minimum"
60 certain types of housing. The revised law substitutes
61 "include" for "contain at a minimum" because, in
62 context, the meaning is the same and "include" is the

1 more commonly used term, and Section 311.005(13),
2 Government Code (Code Construction Act), provides that
3 "includes" and "including" are terms of enlargement
4 and not of limitation and do not create a presumption
5 that components not expressed are excluded.

6 (2) Section 531.03132(c)(5), Government Code,
7 refers to a provider of inpatient treatment services
8 in the network of service providers assembled by a
9 local mental health authority under "Section
10 533.035(e)." The quoted citation is a drafting error
11 because it is clear from the context the network of
12 service providers assembled by a local mental health
13 authority is the network described by Section
14 533.035(c), Health and Safety Code. The revised law is
15 drafted accordingly.

16 (3) Section 531.03132(f), Government Code,
17 refers to entities providing housing for individuals
18 with mental illness in this state, "including the
19 Department of State Health Services." The powers and
20 duties of that department regarding client services
21 were transferred to the Health and Human Services
22 Commission in accordance with Section
23 531.0201(a)(2)(C), Government Code, which is executed
24 law that expires September 1, 2023. The revised law
25 therefore substitutes "commission" for "Department of
26 State Health Services."

27 Revised Law

28 Sec. 526.0008. COMPLIANCE WITH NATIONAL ELECTRONIC DATA
29 INTERCHANGE STANDARDS FOR HEALTH CARE INFORMATION. Each health and
30 human services agency and other state agency that acts as a health
31 care provider or a claims payer for the provision of health care
32 shall:

33 (1) process information related to health care in
34 compliance with national data interchange standards adopted under

1 Subtitle F, Title II, Health Insurance Portability and
2 Accountability Act of 1996 (42 U.S.C. Section 1320d et seq.),
3 within the applicable deadline established under federal law or
4 federal regulations; or

5 (2) demonstrate to the commission the reasons the
6 agency should not be required to comply with Subdivision (1), and to
7 the extent allowed under federal law, obtain the commission's
8 approval to:

9 (A) comply with the standards at a later date; or

10 (B) not comply with one or more of the standards.

11 (Gov. Code, Sec. 531.0315.)

12 Source Law

13 Sec. 531.0315. IMPLEMENTING NATIONAL
14 ELECTRONIC DATA INTERCHANGE STANDARDS FOR HEALTH CARE
15 INFORMATION. (a) Each health and human services
16 agency and every other state agency that acts as a
17 health care provider or a claims payer for the
18 provision of health care shall:

19 (1) process information related to health
20 care in compliance with national data interchange
21 standards adopted under Subtitle F, Title II, Health
22 Insurance Portability and Accountability Act of 1996
23 (42 U.S.C. Section 1320d et seq.), and its subsequent
24 amendments, within the applicable deadline
25 established under federal law or federal regulations;
26 or

27 (2) demonstrate to the commission the
28 reasons the agency should not be required to comply
29 with Subdivision (1), and obtain the commission's
30 approval, to the extent allowed under federal law:

31 (A) to comply with the standards at a
32 later date; or

33 (B) to not comply with one or more of
34 the standards.

35 Revisor's Note

36 Section 531.0315(a)(1), Government Code, refers
37 to 42 U.S.C. Section 1320d et seq. "and its subsequent
38 amendments." The revised law omits the quoted
39 language because under Section 311.027, Government
40 Code (Code Construction Act), which applies to the
41 revised law, a reference to a statute applies to all
42 reenactments, revisions, or amendments of that
43 statute, unless expressly provided otherwise.

1 Revised Law

2 Sec. 526.0009. TECHNICAL ASSISTANCE FOR HUMAN SERVICES
3 PROVIDERS. (a) A health and human services agency shall, in
4 conjunction with the Department of Information Resources,
5 coordinate and enhance the agency's existing Internet website to
6 provide technical assistance for human services providers. The
7 commission shall take the lead and ensure involvement of the
8 agencies with the greatest potential to produce cost savings.

9 (b) Assistance provided under this section:

10 (1) must include information on the impact of federal
11 and state welfare reform changes on human services providers;

12 (2) may include information in the following subjects:

13 (A) case management;

14 (B) contract management;

15 (C) financial management;

16 (D) performance measurement and evaluation;

17 (E) research; and

18 (F) other matters the commission considers
19 appropriate; and

20 (3) may not include any confidential information
21 regarding a client of a human services provider. (Gov. Code, Sec.
22 531.013.)

23 Source Law

24 Sec. 531.013. ELECTRONIC AVAILABILITY OF
25 TECHNICAL ASSISTANCE. (a) Health and human services
26 agencies shall, in conjunction with the Department of
27 Information Resources, coordinate and enhance their
28 existing Internet sites to provide technical
29 assistance for human services providers. The
30 commission shall take the lead and ensure involvement
31 of agencies with the greatest potential for cost
32 savings.

33 (b) Assistance under this section may include
34 information in the following subjects:

35 (1) case management;

36 (2) contract management;

37 (3) financial management;

38 (4) performance measurement and
39 evaluation;

40 (5) research; and

41 (6) other matters the commission considers
42 appropriate.

43 (c) Assistance under this section must include
44 information on the impact of federal and state welfare

1 reform changes on human services providers.
2 (d) Assistance under this section may not
3 include any confidential information regarding a
4 client of a human services provider.

5 Revised Law

6 Sec. 526.0010. INFORMATION RESOURCES MANAGER REPORTS.
7 Notwithstanding Section 2054.075(b), the information resources
8 manager of a health and human services agency shall report directly
9 to the executive commissioner or a deputy executive commissioner
10 the executive commissioner designates. (Gov. Code,
11 Sec. 531.02731.)

12 Source Law

13 Sec. 531.02731. REPORT OF INFORMATION RESOURCES
14 MANAGER TO COMMISSION. Notwithstanding Section
15 2054.075(b), the information resources manager of a
16 health and human services agency shall report directly
17 to the executive commissioner or a deputy executive
18 commissioner designated by the executive
19 commissioner.

20 SUBCHAPTER B. PROGRAMS AND SERVICES PROVIDED OR ADMINISTERED BY
21 COMMISSION

22 Revised Law

23 Sec. 526.0051. RESTRICTIONS ON AWARDS TO FAMILY PLANNING
24 SERVICE PROVIDERS. (a) Notwithstanding any other law, money
25 appropriated to the commission for the purpose of providing family
26 planning services must be awarded:

27 (1) to eligible entities in the following order of
28 descending priority:

29 (A) public entities that provide family planning
30 services, including state, county, and local community health
31 clinics and federally qualified health centers;

32 (B) nonpublic entities that provide
33 comprehensive primary and preventive care services in addition to
34 family planning services; and

35 (C) nonpublic entities that provide family
36 planning services but do not provide comprehensive primary and
37 preventive care services; or

38 (2) as otherwise directed by the legislature in the
39 General Appropriations Act.

1 (b) Notwithstanding Subsection (a), the commission shall,
2 in compliance with federal law, ensure distribution of funds for
3 family planning services in a manner that does not severely limit or
4 eliminate access to those services in any region of this state.
5 (Gov. Code, Sec. 531.0025.)

6 Source Law

7 Sec. 531.0025. RESTRICTIONS ON AWARDS TO FAMILY
8 PLANNING SERVICE PROVIDERS. (a) Notwithstanding any
9 other law, money appropriated to the Department of
10 State Health Services for the purpose of providing
11 family planning services must be awarded:

12 (1) to eligible entities in the following
13 order of descending priority:

14 (A) public entities that provide
15 family planning services, including state, county, and
16 local community health clinics and federally qualified
17 health centers;

18 (B) nonpublic entities that provide
19 comprehensive primary and preventive care services in
20 addition to family planning services; and

21 (C) nonpublic entities that provide
22 family planning services but do not provide
23 comprehensive primary and preventive care services; or

24 (2) as otherwise directed by the
25 legislature in the General Appropriations Act.

26 (b) Notwithstanding Subsection (a), the
27 Department of State Health Services shall, in
28 compliance with federal law, ensure distribution of
29 funds for family planning services in a manner that
30 does not severely limit or eliminate access to those
31 services in any region of the state.

32 Revisor's Note

33 Section 531.0025, Government Code, refers to
34 money appropriated to the "Department of State Health
35 Services" for the purpose of providing family planning
36 services. The revised law substitutes "commission"
37 for "Department of State Health Services" for the
38 reason stated in Revisor's Note (3) to Section
39 526.0007.

40 Revised Law

41 Sec. 526.0052. INFORMATION FOR CERTAIN ENROLLEES IN HEALTHY
42 TEXAS WOMEN PROGRAM. (a) In this section, "Healthy Texas Women
43 program" means a program the commission operates that is
44 substantially similar to the demonstration project operated under
45 former Section 32.0248, Human Resources Code, and that is intended
46 to expand access to preventive health and family planning services

1 for women in this state.

2 (b) This section applies to a woman who is automatically
3 enrolled in the Healthy Texas Women program following a pregnancy
4 for which the woman received Medicaid, but who is no longer eligible
5 to participate in Medicaid.

6 (c) After a woman to whom this section applies is enrolled
7 in the Healthy Texas Women program, the commission shall provide to
8 the woman:

9 (1) information about the Healthy Texas Women program,
10 including the services provided under the program; and

11 (2) a list of health care providers who participate in
12 the Healthy Texas Women program and are located in the same
13 geographical area in which the woman resides.

14 (d) The commission shall consult with the Texas Maternal
15 Mortality and Morbidity Review Committee established under Chapter
16 34, Health and Safety Code, to improve the process for providing the
17 information required by Subsection (c), including by determining:

18 (1) the best time for providing the information; and

19 (2) the manner of providing the information, including
20 the information about health care providers described by Subsection
21 (c)(2). (Gov. Code, Sec. 531.0995.)

22 Source Law

23 Sec. 531.0995. INFORMATION FOR CERTAIN
24 ENROLLEES IN THE HEALTHY TEXAS WOMEN PROGRAM. (a) In
25 this section, "Healthy Texas Women program" means a
26 program operated by the commission that is
27 substantially similar to the demonstration project
28 operated under former Section 32.0248, Human Resources
29 Code, and that is intended to expand access to
30 preventive health and family planning services for
31 women in this state.

32 (b) This section applies to a woman who is
33 automatically enrolled in the Healthy Texas Women
34 program following a pregnancy for which the woman
35 received Medicaid, but who is no longer eligible to
36 participate in Medicaid.

37 (c) After a woman described by Subsection (b) is
38 enrolled in the Healthy Texas Women program, the
39 commission shall provide to the woman:

40 (1) information about the Healthy Texas
41 Women program, including the services provided under
42 the program; and

43 (2) a list of health care providers who
44 participate in the Healthy Texas Women program and are
45 located in the same geographical area in which the

1 woman resides.

2 (d) The commission shall consult with the
3 Maternal Mortality and Morbidity Task Force
4 established under Chapter 34, Health and Safety Code,
5 to improve the process for providing the information
6 required by Subsection (c), including by determining:

7 (1) the best time for providing the
8 information; and

9 (2) the manner by which the information
10 should be provided, including the information about
11 health care providers described by Subsection (c)(2).

12 Revisor's Note

13 Section 531.0995(d), Government Code, requires
14 the commission to consult with the "Maternal Mortality
15 and Morbidity Task Force" established under Chapter
16 34, Health and Safety Code. The revised law
17 substitutes "Texas Maternal Mortality and Morbidity
18 Review Committee" for the quoted language to reflect a
19 change in the entity's name made by Chapter 601 (S.B.
20 750), Acts of the 86th Legislature, Regular Session,
21 2019, amending Chapter 34, Health and Safety Code.

22 Revised Law

23 Sec. 526.0053. VACCINES FOR CHILDREN PROGRAM PROVIDER
24 ENROLLMENT; IMMUNIZATION REGISTRY. (a) In this section, "vaccines
25 for children program" means the program the Department of State
26 Health Services operates under 42 U.S.C. Section 1396s.

27 (b) The commission shall ensure that a provider may enroll
28 in the vaccines for children program on the same form the provider
29 completes to apply as a Medicaid health care provider.

30 (c) The commission shall allow providers to:

31 (1) report vaccines administered under the vaccines
32 for children program to the immunization registry established under
33 Section 161.007, Health and Safety Code; and

34 (2) use the immunization registry, including
35 individually identifiable information in accordance with state and
36 federal law, to determine whether a child received an immunization.
37 (Gov. Code, Sec. 531.064.)

38 Source Law

39 Sec. 531.064. VACCINES FOR CHILDREN PROGRAM
40 PROVIDER ENROLLMENT AND REIMBURSEMENT. (a) In this

1 section, "vaccines for children program" means the
2 program operated by the Department of State Health
3 Services under authority of 42 U.S.C. Section 1396s,
4 as amended.

5 (b) The commission shall ensure that a provider
6 can enroll in the vaccines for children program on the
7 same form the provider completes to apply as a Medicaid
8 health care provider.

9 (c) The commission shall allow providers to
10 report vaccines administered under the vaccines for
11 children program to the immunization registry
12 established under Section 161.007, Health and Safety
13 Code, and to use the immunization registry, including
14 individually identifiable information in accordance
15 with state and federal law, to determine whether a
16 child has received an immunization.

17 Revisor's Note

18 Section 531.064(a), Government Code, refers to a
19 program operated under the authority of 42 U.S.C.
20 Section 1396s, "as amended." The revised law omits the
21 quoted language for the reason stated in the revisor's
22 note to Section 526.0008 of this chapter.

23 Revised Law

24 Sec. 526.0054. PRIOR AUTHORIZATION FOR HIGH-COST MEDICAL
25 SERVICES AND PROCEDURES. (a) The commission may:

26 (1) evaluate and implement, as appropriate,
27 procedures, policies, and methodologies to require prior
28 authorization for high-cost medical services and procedures; and

29 (2) contract with qualified service providers or
30 organizations to perform those functions.

31 (b) A procedure, policy, or methodology implemented under
32 this section must comply with any prohibitions in state or federal
33 law on limits in the amount, duration, or scope of medically
34 necessary services for Medicaid recipients who are children. (Gov.
35 Code, Sec. 531.075.)

36 Source Law

37 Sec. 531.075. PRIOR AUTHORIZATION FOR HIGH-COST
38 MEDICAL SERVICES. The commission may evaluate and
39 implement, as appropriate, procedures, policies, and
40 methodologies to require prior authorization for
41 high-cost medical services and procedures and may
42 contract with qualified service providers or
43 organizations to perform those functions. Any such
44 program shall recognize any prohibitions in state or
45 federal law on limits in the amount, duration, or scope
46 of medically necessary services for children on
47 Medicaid.

1 Revisor's Note

2 (1) Section 531.075, Government Code, states
3 that a program "shall" recognize certain prohibitions
4 on limiting Medicaid services. The revised law
5 substitutes "must" for "shall" for the reason stated
6 in the revisor's note to Section 526.0006.

7 (2) Section 531.075, Government Code, requires
8 "[a]ny such program" to "recognize" certain
9 prohibitions on limiting Medicaid services. For
10 clarity and the convenience of the reader, the revised
11 law substitutes "[a] procedure, policy, or methodology
12 implemented under this section" for "any such program"
13 because it is clear from the context that "program"
14 refers to a procedure, policy, or methodology
15 implemented under the section. For clarity and the
16 convenience of the reader, the revised law also
17 substitutes "comply with" for "recognize" because, in
18 context, the meaning is the same and "comply with" is
19 more commonly used.

20 Revised Law

21 Sec. 526.0055. TAILORED BENEFIT PACKAGES FOR NON-MEDICAID
22 POPULATIONS. (a) The commission shall identify state or federal
23 non-Medicaid programs that provide health care services to
24 individuals whose health care needs could be met by providing
25 customized benefits through a system of care that is used under a
26 Medicaid tailored benefit package implemented under Section _____
27 [[[Section 531.097]]].

28 (b) If the commission determines it is feasible and to the
29 extent permitted by federal and state law, the commission shall:

30 (1) provide the health care services for individuals
31 described by Subsection (a) through the applicable Medicaid
32 tailored benefit package; and

33 (2) if appropriate or necessary to provide the
34 services as required by Subdivision (1), develop and implement a

1 system of blended funding methodologies to provide the services in
2 that manner. (Gov. Code, Sec. 531.0971.)

3 Source Law

4 Sec. 531.0971. TAILORED BENEFIT PACKAGES FOR
5 NON-MEDICAID POPULATIONS. (a) The commission shall
6 identify state or federal non-Medicaid programs that
7 provide health care services to persons whose health
8 care needs could be met by providing customized
9 benefits through a system of care that is used under
10 Medicaid tailored benefit package implemented under
11 Section 531.097.

12 (b) If the commission determines that it is
13 feasible and to the extent permitted by federal and
14 state law, the commission shall:

15 (1) provide the health care services for
16 persons identified under Subsection (a) through the
17 applicable Medicaid tailored benefit package; and

18 (2) if appropriate or necessary to provide
19 the services as required by Subdivision (1), develop
20 and implement a system of blended funding
21 methodologies to provide the services in that manner.

22 Revised Law

23 Sec. 526.0056. PILOT PROGRAM TO PREVENT SPREAD OF
24 INFECTIOUS OR COMMUNICABLE DISEASES. The commission may provide
25 guidance to the local health authority of Bexar County in
26 establishing a pilot program funded by the county to prevent the
27 spread of HIV, hepatitis B, hepatitis C, and other infectious and
28 communicable diseases. The program may include a disease control
29 program that provides for the anonymous exchange of used hypodermic
30 needles and syringes. (Gov. Code, Sec. 531.0972.)

31 Source Law

32 Sec. 531.0972. PILOT PROGRAM TO PREVENT THE
33 SPREAD OF CERTAIN INFECTIOUS OR COMMUNICABLE DISEASES.
34 The commission may provide guidance to the local
35 health authority of Bexar County in establishing a
36 pilot program funded by the county to prevent the
37 spread of HIV, hepatitis B, hepatitis C, and other
38 infectious and communicable diseases. The program may
39 include a disease control program that provides for
40 the anonymous exchange of used hypodermic needles and
41 syringes.

42 Revised Law

43 Sec. 526.0057. APPLICATION REQUIREMENT FOR COLONIAS
44 PROJECTS. (a) In this section, "colonia" means a geographic area
45 that:

46 (1) is an economically distressed area as defined by
47 Section 17.921, Water Code;

1 (2) is located in a county any part of which is within
2 62 miles of an international border; and

3 (3) consists of 11 or more dwellings located in
4 proximity to each other in an area that may be described as a
5 community or neighborhood.

6 (b) The commission shall require an applicant for money
7 under any project the commission funds that provides assistance to
8 colonias to submit to the commission any existing colonia
9 classification number for each colonia that may be served by the
10 project proposed in the application.

11 (c) The commission may contact the secretary of state or the
12 secretary of state's representative to obtain a classification
13 number for a colonia that does not have a classification number. On
14 request of the commission, the secretary of state or the secretary
15 of state's representative shall assign a classification number to
16 the colonia. (Gov. Code, Sec. 531.0141.)

17 Source Law

18 Sec. 531.0141. APPLICATION REQUIREMENT FOR
19 COLONIAS PROJECTS. (a) In this section, "colonia"
20 means a geographic area that:

21 (1) is an economically distressed area as
22 defined by Section 17.921, Water Code;

23 (2) is located in a county any part of
24 which is within 62 miles of an international border;
25 and

26 (3) consists of 11 or more dwellings that
27 are located in close proximity to each other in an area
28 that may be described as a community or neighborhood.

29 (d) Regarding any projects funded by the
30 commission that provide assistance to colonias, the
31 commission shall require an applicant for the funds to
32 submit to the commission a colonia classification
33 number, if one exists, for each colonia that may be
34 served by the project proposed in the application. If a
35 colonia does not have a classification number, the
36 commission may contact the secretary of state or the
37 secretary of state's representative to obtain the
38 classification number. On request of the commission,
39 the secretary of state or the secretary of state's
40 representative shall assign a classification number to
41 the colonia.

42 Revised Law

43 Sec. 526.0058. RULES REGARDING REFUGEE RESETTLEMENT. (a)
44 In this section, "local resettlement agency" and "national
45 voluntary agency" have the meanings assigned by 45 C.F.R. Section

1 400.2.

2 (b) The executive commissioner shall adopt rules to ensure
3 that:

4 (1) any refugee placement report required under a
5 federal refugee resettlement program includes local governmental
6 and community input; and

7 (2) governmental entities and officials are provided
8 with related information.

9 (c) In adopting the rules, the executive commissioner
10 shall, to the extent permitted by federal law, ensure that meetings
11 are convened at least quarterly in the communities proposed for
12 refugee placement at which representatives of local resettlement
13 agencies have an opportunity to consult with and obtain feedback
14 regarding proposed refugee placement from:

15 (1) local governmental entities and officials,
16 including:

17 (A) municipal and county officials;

18 (B) local school district officials; and

19 (C) representatives of local law enforcement
20 agencies; and

21 (2) other community stakeholders, including:

22 (A) major providers under the local health care
23 system; and

24 (B) major employers of refugees.

25 (d) In adopting the rules, the executive commissioner
26 shall, to the extent permitted by federal law, ensure that:

27 (1) a local resettlement agency:

28 (A) considers all feedback obtained in meetings
29 conducted under Subsection (c) before preparing a proposed annual
30 report on the placement of refugees for purposes of 8 U.S.C. Section
31 1522(b)(7)(E);

32 (B) informs the state and local governmental
33 entities and officials and community stakeholders described by
34 Subsection (c) of the proposed annual report; and

1 (C) develops a final annual report for the
2 national voluntary agencies and the commission that includes a
3 summary regarding the manner in which stakeholder input contributed
4 to the report; and

5 (2) the commission:

6 (A) obtains from local resettlement agencies the
7 preliminary number of refugees the local resettlement agencies
8 recommended to the national voluntary agencies for placement in
9 communities throughout this state and provides that information to
10 local governmental entities and officials in those communities; and

11 (B) obtains from the United States Department of
12 State or other appropriate federal agency the number of refugees
13 apportioned to this state and provides that information and
14 information regarding the number of refugees intended to be placed
15 in each community in this state to local governmental entities and
16 officials in those communities. (Gov. Code, Sec. 531.0411.)

17 Source Law

18 Sec. 531.0411. RULES REGARDING REFUGEE
19 RESETTLEMENT. (a) In this section, "local
20 resettlement agency" and "national voluntary agency"
21 have the meanings assigned by 45 C.F.R. Section 400.2.

22 (b) The executive commissioner shall adopt
23 rules to ensure that local governmental and community
24 input is included in any refugee placement report
25 required under a federal refugee resettlement program
26 and that governmental entities and officials are
27 provided with related information. In adopting rules
28 under this section, the executive commissioner shall,
29 to the extent permitted under federal law, ensure
30 that:

31 (1) meetings are convened, at least
32 quarterly, in the communities proposed for refugee
33 placement at which representatives of local
34 resettlement agencies have an opportunity to consult
35 with and obtain feedback from local governmental
36 entities and officials, including municipal and county
37 officials, local school district officials, and
38 representatives of local law enforcement agencies, and
39 from other community stakeholders, including major
40 providers under the local health care system and major
41 employers of refugees, regarding proposed refugee
42 placement;

43 (2) a local resettlement agency:

44 (A) considers all feedback obtained
45 in meetings conducted under Subdivision (1) before
46 preparing a proposed annual report on the placement of
47 refugees for purposes of 8 U.S.C. Section
48 1522(b)(7)(E);

49 (B) informs the state and local
50 governmental entities and officials and community

1 stakeholders described under Subdivision (1) of the
2 proposed annual report; and

3 (C) develops a final annual report
4 for the national voluntary agencies and the commission
5 that includes a summary regarding how stakeholder
6 input contributed to the report; and

7 (3) the commission:

8 (A) obtains from local resettlement
9 agencies the preliminary number of refugees the local
10 resettlement agencies recommended to the national
11 voluntary agencies for placement in communities
12 throughout this state and provides that information to
13 local governmental entities and officials in those
14 communities; and

15 (B) obtains from the United States
16 Department of State or other appropriate federal
17 agency the number of refugees apportioned to this
18 state and provides that information and information
19 regarding the number of refugees intended to be placed
20 in each community in this state to local governmental
21 entities and officials in those communities.

22 Revised Law

23 Sec. 526.0059. PROHIBITED AWARD OF CONTRACTS TO MANAGED
24 CARE ORGANIZATIONS FOR CERTAIN CRIMINAL CONVICTIONS. The
25 commission may not contract with a managed care organization,
26 including a health maintenance organization, or a pharmacy benefit
27 manager if, in the preceding three years, the organization or
28 manager, in connection with a bid, proposal, or contract with the
29 commission, was subject to a final judgment by a court of competent
30 jurisdiction resulting in:

31 (1) a conviction for:

32 (A) a criminal offense under state or federal law
33 related to the delivery of an item or service;

34 (B) a criminal offense under state or federal law
35 related to neglect or abuse of patients in connection with the
36 delivery of an item or service; or

37 (C) a felony offense under state or federal law
38 related to fraud, theft, embezzlement, breach of fiduciary
39 responsibility, or other financial misconduct; or

40 (2) the imposition of a penalty or fine in the amount
41 of \$500,000 or more in a state or federal administrative proceeding
42 based on a conviction for a criminal offense under state or federal
43 law. (Gov. Code, Sec. 531.0696.)

1 (DSRIP) program under the granted waiver;
2 (2) enhancing funding to disproportionate share
3 hospitals in this state;
4 (3) Section 1332 of the Patient Protection and
5 Affordable Care Act (42 U.S.C. Section 18052);
6 (4) enhancing uncompensated care pool payments to
7 hospitals in this state under the granted waiver;
8 (5) home and community-based services state plan
9 options under Section 1915(i) of the Social Security Act (42 U.S.C.
10 Section 1396n(i)); and
11 (6) a contingency plan in the event the commission
12 does not obtain an extension or renewal of the uncompensated care
13 pool provisions or any other provisions of the granted waiver.
14 (Gov. Code, Sec. 531.451.)

15 Source Law

16 Sec. 531.451. OPERATIONAL PLAN TO COORDINATE
17 INITIATIVES. (a) The commission shall develop and
18 implement a comprehensive, coordinated operational
19 plan to ensure a consistent approach across the major
20 quality initiatives of the health and human services
21 system for improving the quality of health care.

22 (b) The operational plan developed under this
23 section must include broad goals for the improvement
24 of the quality of health care in this state, including
25 health care services provided through Medicaid.

26 (c) The operational plan under this section may
27 evaluate: the Delivery System Reform Incentive Payment
28 (DSRIP) program under the Texas Health Care
29 Transformation and Quality Improvement Program waiver
30 issued under Section 1115 of the federal Social
31 Security Act (42 U.S.C. Section 1315), enhancing
32 funding to disproportionate share hospitals in the
33 state, Section 1332 of 42 U.S.C. Section 18052,
34 enhancing uncompensated care pool payments to
35 hospitals in the state under the Texas Health Care
36 Transformation and Quality Improvement Program waiver
37 issued under Section 1115 of the federal Social
38 Security Act (42 U.S.C. Section 1315), home and
39 community-based services state plan options under
40 Section 1915(i) of the federal Social Security Act (42
41 U.S.C. Section 1396n), and a contingency plan in the
42 event the commission does not obtain an extension or
43 renewal of the uncompensated care pool provisions or
44 any other provisions of the Texas Health Care
45 Transformation and Quality Improvement Program waiver
46 issued under Section 1115 of the federal Social
47 Security Act (42 U.S.C. Section 1315).

48 Revised Law

49 Sec. 526.0103. REVISION AND EVALUATION OF MAJOR QUALITY

1 INITIATIVES. Notwithstanding other law, the commission shall
2 revise major quality initiatives of the health and human services
3 system in accordance with the operational plan and health care
4 quality improvement goals developed under Section 526.0102. To the
5 extent possible, the commission shall ensure that outcome measure
6 data is collected and reported consistently across all major
7 quality initiatives to improve the evaluation of the initiatives'
8 statewide impact. (Gov. Code, Sec. 531.452.)

9 Source Law

10 Sec. 531.452. REVISION OF MAJOR INITIATIVES.
11 Notwithstanding any other law, the commission shall
12 revise major quality initiatives of the health and
13 human services system in accordance with the
14 operational plan and health care quality improvement
15 goals developed under Section 531.451. To the extent
16 it is possible, the commission shall ensure that
17 outcome measure data is collected and reported
18 consistently across all major quality initiatives to
19 improve the evaluation of the initiatives' statewide
20 impact.

21 Revised Law

22 Sec. 526.0104. INCENTIVES FOR MAJOR QUALITY INITIATIVE
23 COORDINATION. The commission shall consider and, if appropriate,
24 develop in accordance with this subchapter, incentives that promote
25 coordination among the various major quality initiatives,
26 including projects and initiatives approved under the granted
27 waiver. (Gov. Code, Sec. 531.453.)

28 Source Law

29 Sec. 531.453. INCENTIVES FOR INITIATIVE
30 COORDINATION. The commission shall consider and, if
31 the commission determines it appropriate, develop
32 incentives that promote coordination among the various
33 major quality initiatives in accordance with this
34 subchapter, including projects and initiatives
35 approved under the Texas Health Care Transformation
36 and Quality Improvement Program waiver issued under
37 Section 1115 of the federal Social Security Act (42
38 U.S.C. Section 1315).

39 SUBCHAPTER D. TEXAS HEALTH OPPORTUNITY POOL TRUST FUND

40 Revised Law

41 Sec. 526.0151. DEFINITION. In this subchapter, "fund"
42 means the Texas health opportunity pool trust fund established
43 under Section 526.0153. (Gov. Code, Sec. 531.501.)

1 obtained through the use of certified public expenditures.

2 (c) The commission shall seek to optimize federal funding
3 by:

4 (1) identifying health care-related state and local
5 funds and program expenditures that, before September 1, 2011, are
6 not being matched with federal money; and

7 (2) exploring the feasibility of:

8 (A) certifying or otherwise using those funds and
9 expenditures as state expenditures for which this state may receive
10 federal matching money; and

11 (B) depositing federal matching money received
12 as provided by Paragraph (A) with other federal money deposited as
13 provided by Section 526.0154, or substituting that federal matching
14 money for federal money that otherwise would be received under the
15 disproportionate share hospitals and upper payment limit
16 supplemental payment programs as a match for local funds received
17 by this state through intergovernmental transfers.

18 (d) The terms of a waiver approved under this section must:

19 (1) include safeguards to ensure that the total amount
20 of federal money provided under the disproportionate share
21 hospitals or upper payment limit supplemental payment program that
22 is deposited as provided by Section 526.0154 is, for a particular
23 state fiscal year, at least equal to the greater of the annualized
24 amount provided to this state under those supplemental payment
25 programs during:

26 (A) state fiscal year 2011, excluding
27 retroactive payment amounts provided during that state fiscal year;
28 or

29 (B) the state fiscal years during which the
30 waiver is in effect; and

31 (2) allow this state to develop a methodology for
32 allocating money in the fund to:

33 (A) supplement Medicaid hospital reimbursements
34 under a waiver that includes terms consistent with, or that produce

1 revenues consistent with, disproportionate share hospital and
2 upper payment limit principles;

3 (B) reduce the number of individuals in this
4 state who do not have health benefits coverage; and

5 (C) maintain and enhance the community public
6 health infrastructure provided by hospitals.

7 (e) In seeking a waiver under this section, the executive
8 commissioner shall attempt to:

9 (1) obtain maximum flexibility in the use of the money
10 in the fund for purposes consistent with this subchapter;

11 (2) include an annual adjustment to the aggregate caps
12 under the upper payment limit supplemental payment program to
13 account for inflation, population growth, and other appropriate
14 demographic factors that affect the ability of residents of this
15 state to obtain health benefits coverage;

16 (3) ensure, for the term of the waiver, that the
17 aggregate caps under the upper payment limit supplemental payment
18 program for each of the three classes of hospitals are not less than
19 the aggregate caps applied during state fiscal year 2007; and

20 (4) to the extent allowed by federal law, including
21 federal regulations, and federal waiver authority, preserve the
22 federal supplemental payment program payments made to hospitals,
23 the state match with respect to which is funded by
24 intergovernmental transfers or certified public expenditures that
25 are used to optimize Medicaid payments to safety net providers for
26 uncompensated care, and preserve allocation methods for those
27 payments, unless the need for the payments is revised through
28 measures that reduce the Medicaid shortfall or uncompensated care
29 costs.

30 (f) The executive commissioner shall seek broad-based
31 stakeholder input in the development of the waiver under this
32 section and shall provide information to stakeholders regarding the
33 terms of the waiver for which the executive commissioner seeks
34 federal approval. (Gov. Code, Sec. 531.502.)

Source Law

1
2 Sec. 531.502. DIRECTION TO OBTAIN FEDERAL
3 WAIVER. (a) The executive commissioner may seek a
4 waiver under Section 1115 of the federal Social
5 Security Act (42 U.S.C. Section 1315) to the state
6 Medicaid plan to allow the commission to more
7 efficiently and effectively use federal money paid to
8 this state under various programs to defray costs
9 associated with providing uncompensated health care in
10 this state by using that federal money, appropriated
11 state money to the extent necessary, and any other
12 money described by this section for purposes
13 consistent with this subchapter.

14 (b) The executive commissioner may include the
15 following federal money in the waiver:

16 (1) money provided under the
17 disproportionate share hospitals or upper payment
18 limit supplemental payment program, or both;

19 (2) money provided by the federal
20 government in lieu of some or all of the payments under
21 one or both of those programs;

22 (3) any combination of funds authorized to
23 be pooled by Subdivisions (1) and (2); and

24 (4) any other money available for that
25 purpose, including:

26 (A) federal money and money
27 identified under Subsection (c);

28 (B) gifts, grants, or donations for
29 that purpose;

30 (C) local funds received by this
31 state through intergovernmental transfers; and

32 (D) if approved in the waiver,
33 federal money obtained through the use of certified
34 public expenditures.

35 (c) The commission shall seek to optimize
36 federal funding by:

37 (1) identifying health care related state
38 and local funds and program expenditures that, before
39 September 1, 2011, are not being matched with federal
40 money; and

41 (2) exploring the feasibility of:

42 (A) certifying or otherwise using
43 those funds and expenditures as state expenditures for
44 which this state may receive federal matching money;
45 and

46 (B) depositing federal matching
47 money received as provided by Paragraph (A) with other
48 federal money deposited as provided by Section
49 531.504, or substituting that federal matching money
50 for federal money that otherwise would be received
51 under the disproportionate share hospitals and upper
52 payment limit supplemental payment programs as a match
53 for local funds received by this state through
54 intergovernmental transfers.

55 (d) The terms of a waiver approved under this
56 section must:

57 (1) include safeguards to ensure that the
58 total amount of federal money provided under the
59 disproportionate share hospitals or upper payment
60 limit supplemental payment program that is deposited
61 as provided by Section 531.504 is, for a particular
62 state fiscal year, at least equal to the greater of the
63 annualized amount provided to this state under those
64 supplemental payment programs during state fiscal year
65 2011, excluding amounts provided during that state
66 fiscal year that are retroactive payments, or the

1 state fiscal years during which the waiver is in
2 effect; and

3 (2) allow for the development by this
4 state of a methodology for allocating money in the fund
5 to:

6 (A) be used to supplement Medicaid
7 hospital reimbursements under a waiver that includes
8 terms that are consistent with, or that produce
9 revenues consistent with, disproportionate share
10 hospital and upper payment limit principles;

11 (B) reduce the number of persons in
12 this state who do not have health benefits coverage;
13 and

14 (C) maintain and enhance the
15 community public health infrastructure provided by
16 hospitals.

17 (e) In a waiver under this section, the
18 executive commissioner shall seek to:

19 (1) obtain maximum flexibility with
20 respect to using the money in the fund for purposes
21 consistent with this subchapter;

22 (2) include an annual adjustment to the
23 aggregate caps under the upper payment limit
24 supplemental payment program to account for inflation,
25 population growth, and other appropriate demographic
26 factors that affect the ability of residents of this
27 state to obtain health benefits coverage;

28 (3) ensure, for the term of the waiver,
29 that the aggregate caps under the upper payment limit
30 supplemental payment program for each of the three
31 classes of hospitals are not less than the aggregate
32 caps that applied during state fiscal year 2007; and

33 (4) to the extent allowed by federal law,
34 including federal regulations, and federal waiver
35 authority, preserve the federal supplemental payment
36 program payments made to hospitals, the state match
37 with respect to which is funded by intergovernmental
38 transfers or certified public expenditures that are
39 used to optimize Medicaid payments to safety net
40 providers for uncompensated care, and preserve
41 allocation methods for those payments, unless the need
42 for the payments is revised through measures that
43 reduce the Medicaid shortfall or uncompensated care
44 costs.

45 (f) The executive commissioner shall seek
46 broad-based stakeholder input in the development of
47 the waiver under this section and shall provide
48 information to stakeholders regarding the terms and
49 components of the waiver for which the executive
50 commissioner seeks federal approval.

51 Revisor's Note

52 Section 531.502(f), Government Code, refers to
53 the "terms and components" of a waiver. In this
54 section, the revised law omits "and components" from
55 the quoted phrase because, in context, the meaning of
56 "components" is included in the meaning of "terms."

57 Revised Law

58 Sec. 526.0153. TEXAS HEALTH OPPORTUNITY POOL TRUST FUND
59 ESTABLISHED. (a) Subject to approval of the waiver authorized by

1 Section 526.0152, the Texas health opportunity pool trust fund is
2 created as a trust fund outside the state treasury to be held by the
3 comptroller and administered by the commission as trustee on behalf
4 of residents of this state who do not have private health benefits
5 coverage and health care providers providing uncompensated care to
6 those individuals.

7 (b) The commission may spend money in the fund only for
8 purposes consistent with this subchapter and the terms of the
9 waiver authorized by Section 526.0152. (Gov. Code, Sec. 531.503.)

10 Source Law

11 Sec. 531.503. ESTABLISHMENT OF TEXAS HEALTH
12 OPPORTUNITY POOL TRUST FUND. Subject to approval of
13 the waiver authorized by Section 531.502, the Texas
14 health opportunity pool trust fund is created as a
15 trust fund outside the state treasury to be held by the
16 comptroller and administered by the commission as
17 trustee on behalf of residents of this state who do not
18 have private health benefits coverage and health care
19 providers providing uncompensated care to those
20 persons. The commission may make expenditures of money
21 in the fund only for purposes consistent with this
22 subchapter and the terms of the waiver authorized by
23 Section 531.502.

24 Revised Law

25 Sec. 526.0154. DEPOSITS TO FUND. (a) The comptroller shall
26 deposit in the fund:

27 (1) federal money provided to this state under the
28 disproportionate share hospitals supplemental payment program, the
29 hospital upper payment limit supplemental payment program, or both,
30 other than money provided under those programs to state-owned and
31 -operated hospitals, and all other nonsupplemental payment program
32 federal money provided to this state that is included in the waiver
33 authorized by Section 526.0152; and

34 (2) state money appropriated to the fund.

35 (b) The commission and comptroller may accept gifts,
36 grants, and donations from any source, and receive
37 intergovernmental transfers, for purposes consistent with this
38 subchapter and the terms of the waiver authorized by Section
39 526.0152. The comptroller shall deposit a gift, grant, or donation
40 made for those purposes in the fund.

1 (c) Any intergovernmental transfer received, including
2 associated federal matching funds, shall be used, if feasible, for
3 the purposes intended by the transferring entity and in accordance
4 with the terms of the waiver authorized by Section 526.0152. (Gov.
5 Code, Sec. 531.504.)

6 Source Law

7 Sec. 531.504. DEPOSITS TO FUND. (a) The
8 comptroller shall deposit in the fund:

9 (1) federal money provided to this state
10 under the disproportionate share hospitals
11 supplemental payment program or the hospital upper
12 payment limit supplemental payment program, or both,
13 other than money provided under those programs to
14 state-owned and operated hospitals, and all other
15 non-supplemental payment program federal money
16 provided to this state that is included in the waiver
17 authorized by Section 531.502; and

18 (2) state money appropriated to the fund.

19 (b) The commission and comptroller may accept
20 gifts, grants, and donations from any source, and
21 receive intergovernmental transfers, for purposes
22 consistent with this subchapter and the terms of the
23 waiver. The comptroller shall deposit a gift, grant,
24 or donation made for those purposes in the fund. Any
25 intergovernmental transfer received, including
26 associated federal matching funds, shall be used, if
27 feasible, for the purposes intended by the
28 transferring entity and in accordance with the terms
29 of the waiver.

30 Revised Law

31 Sec. 526.0155. USE OF FUND IN GENERAL; RULES FOR
32 ALLOCATION. (a) Except as otherwise provided by the terms of a
33 waiver authorized by Section 526.0152, money in the fund may be
34 used:

35 (1) subject to Section 526.0156, to provide to health
36 care providers reimbursements that:

37 (A) are based on the providers' costs related to
38 providing uncompensated care; and

39 (B) compensate the providers for at least a
40 portion of those costs;

41 (2) to reduce the number of individuals in this state
42 who do not have health benefits coverage;

43 (3) to reduce the need for uncompensated health care
44 provided by hospitals in this state; and

45 (4) for any other purpose specified by this subchapter

1 or the waiver.

2 (b) On approval of the waiver authorized by Section
3 526.0152, the executive commissioner shall:

4 (1) seek input from a broad base of stakeholder
5 representatives on the development of rules with respect to and for
6 the administration of the fund; and

7 (2) by rule develop a methodology for allocating money
8 in the fund that is consistent with the terms of the waiver. (Gov.
9 Code, Sec. 531.505.)

10 Source Law

11 Sec. 531.505. USE OF FUND IN GENERAL; RULES FOR
12 ALLOCATION. (a) Except as otherwise provided by the
13 terms of a waiver authorized by Section 531.502, money
14 in the fund may be used:

15 (1) subject to Section 531.506, to provide
16 reimbursements to health care providers that:

17 (A) are based on the providers' costs
18 related to providing uncompensated care; and

19 (B) compensate the providers for at
20 least a portion of those costs;

21 (2) to reduce the number of persons in this
22 state who do not have health benefits coverage;

23 (3) to reduce the need for uncompensated
24 health care provided by hospitals in this state; and

25 (4) for any other purpose specified by
26 this subchapter or the waiver.

27 (b) On approval of the waiver, the executive
28 commissioner shall:

29 (1) seek input from a broad base of
30 stakeholder representatives on the development of
31 rules with respect to, and the administration of, the
32 fund; and

33 (2) by rule develop a methodology for
34 allocating money in the fund that is consistent with
35 the terms of the waiver.

36 Revised Law

37 Sec. 526.0156. REIMBURSEMENTS FOR UNCOMPENSATED HEALTH
38 CARE COSTS. (a) Except as otherwise provided by the terms of a
39 waiver authorized by Section 526.0152 and subject to Subsections
40 (b) and (c), money in the fund may be allocated to hospitals in this
41 state and political subdivisions of this state to defray the costs
42 of providing uncompensated health care.

43 (b) To be eligible for money allocated from the fund under
44 this section, a hospital or political subdivision must use a
45 portion of the money to implement strategies that will reduce the
46 need for uncompensated inpatient and outpatient care, including

1 care provided in a hospital emergency room. The strategies may
2 include:

3 (1) fostering improved access for patients to primary
4 care systems or other programs that offer those patients medical
5 homes, including the following programs:

6 (A) regional or local health care programs;

7 (B) programs to provide premium subsidies for
8 health benefits coverage; and

9 (C) other programs to increase access to health
10 benefits coverage; and

11 (2) creating health care systems efficiencies, such as
12 using electronic medical records systems.

13 (c) The allocation methodology the executive commissioner
14 develops under Section 526.0155(b) must specify the percentage of
15 the money from the fund allocated to a hospital or political
16 subdivision that the hospital or political subdivision must use for
17 strategies described by Subsection (b). (Gov. Code, Sec. 531.506.)

18 Source Law

19 Sec. 531.506. REIMBURSEMENTS FOR UNCOMPENSATED
20 HEALTH CARE COSTS. (a) Except as otherwise provided by
21 the terms of a waiver authorized by Section 531.502 and
22 subject to Subsections (b) and (c), money in the fund
23 may be allocated to hospitals in this state and
24 political subdivisions of this state to defray the
25 costs of providing uncompensated health care in this
26 state.

27 (b) To be eligible for money from the fund under
28 this section, a hospital or political subdivision must
29 use a portion of the money to implement strategies that
30 will reduce the need for uncompensated inpatient and
31 outpatient care, including care provided in a hospital
32 emergency room. Strategies that may be implemented by
33 a hospital or political subdivision, as applicable,
34 include:

35 (1) fostering improved access for patients
36 to primary care systems or other programs that offer
37 those patients medical homes, including the following
38 programs:

39 (A) regional or local health care
40 programs;

41 (B) programs to provide premium
42 subsidies for health benefits coverage; and

43 (C) other programs to increase access
44 to health benefits coverage; and

45 (2) creating health care systems
46 efficiencies, such as using electronic medical records
47 systems.

48 (c) The allocation methodology adopted by the
49 executive commissioner under Section 531.505(b) must

1 specify the percentage of the money from the fund
2 allocated to a hospital or political subdivision that
3 the hospital or political subdivision must use for
4 strategies described by Subsection (b).

5 Revised Law

6 Sec. 526.0157. INCREASING ACCESS TO HEALTH BENEFITS
7 COVERAGE. (a) Except as otherwise provided by the terms of a
8 waiver authorized by Section 526.0152, money in the fund that is
9 available to reduce the number of individuals in this state who do
10 not have health benefits coverage or to reduce the need for
11 uncompensated health care provided by hospitals in this state may
12 be used for purposes relating to increasing access to health
13 benefits coverage for individuals with low income, including:

14 (1) providing premium payment assistance to those
15 individuals through a premium payment assistance program developed
16 under this section;

17 (2) making contributions to health savings accounts
18 for those individuals; and

19 (3) providing other financial assistance to those
20 individuals through alternate mechanisms established by hospitals
21 in this state or political subdivisions of this state that meet
22 certain commission-specified criteria.

23 (b) The commission and the Texas Department of Insurance
24 shall jointly develop a premium payment assistance program designed
25 to assist individuals described by Subsection (a) in obtaining and
26 maintaining health benefits coverage. The program may provide
27 assistance in the form of payments for all or part of the premiums
28 for that coverage. In developing the program, the executive
29 commissioner shall adopt rules establishing:

30 (1) eligibility criteria for the program;

31 (2) the amount of premium payment assistance that will
32 be provided under the program;

33 (3) the process by which that assistance will be paid;
34 and

35 (4) the mechanism for measuring and reporting the
36 number of individuals who obtained health insurance or other health

1 benefits coverage as a result of the program.

2 (c) The commission shall implement the premium payment
3 assistance program developed under Subsection (b), subject to
4 availability of money in the fund for that purpose. (Gov. Code, Sec.
5 531.507.)

6 Source Law

7 Sec. 531.507. INCREASING ACCESS TO HEALTH
8 BENEFITS COVERAGE. (a) Except as otherwise provided
9 by the terms of a waiver authorized by Section 531.502,
10 money in the fund that is available to reduce the
11 number of persons in this state who do not have health
12 benefits coverage or to reduce the need for
13 uncompensated health care provided by hospitals in
14 this state may be used for purposes relating to
15 increasing access to health benefits coverage for
16 low-income persons, including:

17 (1) providing premium payment assistance
18 to those persons through a premium payment assistance
19 program developed under this section;

20 (2) making contributions to health savings
21 accounts for those persons; and

22 (3) providing other financial assistance
23 to those persons through alternate mechanisms
24 established by hospitals in this state or political
25 subdivisions of this state that meet certain criteria,
26 as specified by the commission.

27 (b) The commission and the Texas Department of
28 Insurance shall jointly develop a premium payment
29 assistance program designed to assist persons
30 described by Subsection (a) in obtaining and
31 maintaining health benefits coverage. The program may
32 provide assistance in the form of payments for all or
33 part of the premiums for that coverage. In developing
34 the program, the executive commissioner shall adopt
35 rules establishing:

36 (1) eligibility criteria for the program;

37 (2) the amount of premium payment
38 assistance that will be provided under the program;

39 (3) the process by which that assistance
40 will be paid; and

41 (4) the mechanism for measuring and
42 reporting the number of persons who obtained health
43 insurance or other health benefits coverage as a
44 result of the program.

45 (c) The commission shall implement the premium
46 payment assistance program developed under Subsection
47 (b), subject to availability of money in the fund for
48 that purpose.

49 Revised Law

50 Sec. 526.0158. INFRASTRUCTURE IMPROVEMENTS. (a) Except as
51 otherwise provided by the terms of a waiver authorized by Section
52 526.0152 and subject to Subsection (c), money in the fund may be
53 used for purposes related to developing and implementing
54 initiatives to improve the infrastructure of local provider

1 networks that provide services to Medicaid recipients and
2 individuals with low income and without health benefits coverage in
3 this state.

4 (b) The infrastructure improvements may include developing
5 and implementing a system for maintaining medical records in an
6 electronic format.

7 (c) Not more than 10 percent of the total amount of the money
8 in the fund used in a state fiscal year for purposes other than
9 providing reimbursements to hospitals for uncompensated health
10 care may be used for infrastructure improvements described by
11 Subsection (b).

12 (d) Money from the fund may not be used to finance the
13 construction, improvement, or renovation of a building or land
14 unless the commission approves the construction, improvement, or
15 renovation in accordance with rules the executive commissioner
16 adopts for that purpose. (Gov. Code, Sec. 531.508.)

17 Source Law

18 Sec. 531.508. INFRASTRUCTURE IMPROVEMENTS. (a)
19 Except as otherwise provided by the terms of a waiver
20 authorized by Section 531.502 and subject to
21 Subsection (c), money in the fund may be used for
22 purposes related to developing and implementing
23 initiatives to improve the infrastructure of local
24 provider networks that provide services to Medicaid
25 recipients and low-income uninsured persons in this
26 state.

27 (b) Infrastructure improvements under this
28 section may include developing and implementing a
29 system for maintaining medical records in an
30 electronic format.

31 (c) Not more than 10 percent of the total amount
32 of the money in the fund used in a state fiscal year for
33 purposes other than providing reimbursements to
34 hospitals for uncompensated health care may be used
35 for infrastructure improvements described by
36 Subsection (b).

37 (d) Money from the fund may not be used to
38 finance the construction, improvement, or renovation
39 of a building or land unless the construction,
40 improvement, or renovation is approved by the
41 commission, according to rules adopted by the
42 executive commissioner for that purpose.

43 Revisor's Note

44 Section 531.508(a), Government Code, refers to
45 "uninsured" persons in this state. The revised law
46 substitutes "without health benefits coverage" for

1 "uninsured" because, in context, the meaning is the
2 same and "without health benefits coverage" is more
3 commonly used.

4 SUBCHAPTER E. LONG-TERM CARE FACILITIES

5 Revised Law

6 Sec. 526.0201. DEFINITION. In this subchapter, "council"
7 means the Long-Term Care Facilities Council. (Gov. Code, Sec.
8 531.0581(a)(1).)

9 Source Law

10 Sec. 531.0581. LONG-TERM CARE FACILITIES
11 COUNCIL. (a) In this section:
12 (1) "Council" means the Long-Term Care
13 Facilities Council.

14 Revisor's Note

15 Section 531.0581(a), Government Code, provides
16 definitions for "this section." The revised law
17 substitutes "this subchapter" for "this section"
18 because the provisions of Section 531.0581 are revised
19 as Subchapter E of this chapter.

20 Revised Law

21 Sec. 526.0202. INFORMAL DISPUTE RESOLUTION FOR CERTAIN
22 LONG-TERM CARE FACILITIES. (a) The executive commissioner by rule
23 shall establish an informal dispute resolution process in
24 accordance with this section. The process must:

25 (1) provide for adjudication by an appropriate
26 disinterested person of disputes relating to a proposed commission
27 enforcement action or related proceeding under:

28 (A) Section 32.021(d), Human Resources Code; or
29 (B) Chapter 242, 247, or 252, Health and Safety
30 Code; and

31 (2) require:

32 (A) a facility to request informal dispute
33 resolution not later than the 10th calendar day after the
34 commission notifies the facility of the violation of a standard or
35 standards; and

1 (B) the completion of the process not later than:

2 (i) the 30th calendar day after receipt of a
3 request for informal dispute resolution from a facility, other than
4 an assisted living facility; or

5 (ii) the 90th calendar day after receipt of
6 a request from an assisted living facility for informal dispute
7 resolution.

8 (b) As part of the informal dispute resolution process, the
9 commission shall contract with an appropriate disinterested person
10 to adjudicate disputes between a facility licensed under Chapter
11 242 or 247, Health and Safety Code, and the commission concerning a
12 statement of violations the commission prepares in connection with
13 a survey the commission conducts of the facility. The contracting
14 person shall adjudicate all disputes described by this subsection.
15 The informal dispute resolution process for the statement of
16 violations must require:

17 (1) the surveyor who conducted the survey for which
18 the statement was prepared to be available to clarify or answer
19 questions asked by the contracting person or by the facility
20 related to the facility or statement; and

21 (2) the commission's review of the facility's informal
22 dispute resolution request for a standard of care violation to be
23 conducted by a registered nurse with long-term care experience.

24 (c) Section 2009.053 does not apply to the commission's
25 selection of an appropriate disinterested person under Subsection
26 (b).

27 (d) The executive commissioner shall adopt rules to
28 adjudicate claims in contested cases.

29 (e) The commission may not delegate to another state agency
30 the commission's responsibility to administer the informal dispute
31 resolution process.

32 (f) The rules adopted under Subsection (a) that relate to a
33 dispute described by Section 247.051(a), Health and Safety Code,
34 must incorporate the requirements of Section 247.051, Health and

1 Safety Code. (Gov. Code, Sec. 531.058.)

2 Source Law

3 Sec. 531.058. INFORMAL DISPUTE RESOLUTION FOR
4 CERTAIN LONG-TERM CARE FACILITIES. (a) [as amended
5 Acts 85th Leg., R.S., Ch. 590] The executive
6 commissioner by rule shall establish an informal
7 dispute resolution process in accordance with this
8 section. The process must provide for adjudication by
9 an appropriate disinterested person of disputes
10 relating to a proposed enforcement action or related
11 proceeding of the commission under Section 32.021(d),
12 Human Resources Code, or under Chapter 242, 247, or
13 252, Health and Safety Code. The informal dispute
14 resolution process must require:

15 (1) an institution or facility to request
16 informal dispute resolution not later than the 10th
17 calendar day after notification by the commission of
18 the violation of a standard or standards; and

19 (2) the completion of the process not
20 later than:

21 (A) the 30th calendar day after
22 receipt of a request from an institution or facility,
23 other than an assisted living facility, for informal
24 dispute resolution; or

25 (B) the 90th calendar day after
26 receipt of a request from an assisted living facility
27 for informal dispute resolution.

28 (a) [as amended Acts 85th Leg., R.S., Ch. 836]
29 The executive commissioner by rule shall establish an
30 informal dispute resolution process in accordance with
31 this section. The process must provide for
32 adjudication by an appropriate disinterested person of
33 disputes relating to a proposed enforcement action or
34 related proceeding of the commission under Section
35 32.021(d), Human Resources Code, or the Department of
36 Aging and Disability Services or its successor agency
37 under Chapter 242, 247, or 252, Health and Safety Code.
38 The informal dispute resolution process must require:

39 (1) an institution or facility to request
40 informal dispute resolution not later than the 10th
41 calendar day after notification by the commission or
42 department, as applicable, of the violation of a
43 standard or standards; and

44 (2) the commission to complete the process
45 not later than:

46 (A) the 30th calendar day after
47 receipt of a request from an institution or facility,
48 other than an assisted living facility, for informal
49 dispute resolution; or

50 (B) the 90th calendar day after
51 receipt of a request from an assisted living facility
52 for informal dispute resolution.

53 (a-1) As part of the informal dispute resolution
54 process established under this section, the commission
55 shall contract with an appropriate disinterested
56 person to adjudicate disputes between an institution
57 or facility licensed under Chapter 242, Health and
58 Safety Code, or a facility licensed under Chapter 247,
59 Health and Safety Code, and the commission concerning
60 a statement of violations prepared by the commission
61 in connection with a survey conducted by the
62 commission of the institution or facility. Section
63 2009.053 does not apply to the selection of an
64 appropriate disinterested person under this
65 subsection. The person with whom the commission

1 contracts shall adjudicate all disputes described by
2 this subsection. The informal dispute resolution
3 process for the statement of violations must require:

4 (1) the surveyor who conducted the survey
5 for which the statement was prepared to be available to
6 clarify or answer questions related to the facility or
7 the statement that are asked by the person reviewing
8 the dispute or by the facility; and

9 (2) the commission's review of the
10 institution's or facility's informal dispute
11 resolution request to be conducted by a registered
12 nurse with long-term care experience for a standard of
13 care violation.

14 (b) The executive commissioner shall adopt
15 rules to adjudicate claims in contested cases.

16 (c) The commission may not delegate its
17 responsibility to administer the informal dispute
18 resolution process established by this section to
19 another state agency.

20 (d) The rules adopted by the executive
21 commissioner under Subsection (a) that relate to a
22 dispute described by Section 247.051(a), Health and
23 Safety Code, must incorporate the requirements of
24 Section 247.051, Health and Safety Code.

25 Revisor's Note

26 (1) Section 531.058(a), Government Code, as
27 amended by Section 2, Chapter 590 (S.B. 924), Acts of
28 the 85th Legislature, Regular Session, 2017, refers to
29 a proposed enforcement action or related proceeding of
30 the Health and Human Services Commission under certain
31 laws. Section 531.058(a), Government Code, as amended
32 by Section 1, Chapter 836 (H.B. 2025), Acts of the 85th
33 Legislature, Regular Session, 2017, refers to a
34 proposed enforcement action or related proceeding of
35 the commission or Department of Aging and Disability
36 Services under those same laws. For the reason stated
37 in Revisor's Note (1) to Section 526.0003 of this
38 chapter, the revised law omits the references to the
39 department and because of those omissions the statutes
40 may be harmonized. Section 311.025, Government Code
41 (Code Construction Act), provides that if amendments
42 to the same statute are enacted at the same session of
43 the legislature, the amendments shall be harmonized,
44 if possible, so that effect may be given to each.
45 Therefore, the revised law is drafted accordingly and
46 refers only to the commission.

1 provider at an intermediate care facility for individuals with
2 intellectual or developmental disabilities licensed under Chapter
3 252, Health and Safety Code.

4 (c) The executive commissioner shall designate a council
5 member to serve as presiding officer. The council members shall
6 elect any other necessary officers.

7 (d) A council member serves at the will of the executive
8 commissioner.

9 (e) The council shall meet at the call of the executive
10 commissioner.

11 (f) A council member is not entitled to reimbursement of
12 expenses or to compensation for service on the council.

13 (g) Chapter 2110 does not apply to the council. (Gov. Code,
14 Secs. 531.0581(a)(2), (b), (c), (d), (e), (f), (i).)

15 Source Law

16 Sec. 531.0581. LONG-TERM CARE FACILITIES
17 COUNCIL. (a) In this section:

18 (2) "Long-term care facility" means a
19 facility subject to regulation under Section
20 32.021(d), Human Resources Code, or Chapter 242, 247,
21 or 252, Health and Safety Code.

22 (b) The executive commissioner shall establish
23 a Long-Term Care Facilities Council as a permanent
24 advisory committee to the commission. The council is
25 composed of the following members appointed by the
26 executive commissioner:

27 (1) at least one member who is a for-profit
28 nursing facility provider;

29 (2) at least one member who is a nonprofit
30 nursing facility provider;

31 (3) at least one member who is an assisted
32 living services provider;

33 (4) at least one member responsible for
34 survey enforcement within the state survey and
35 certification agency;

36 (5) at least one member responsible for
37 survey inspection within the state survey and
38 certification agency;

39 (6) at least one member of the state agency
40 responsible for informal dispute resolution;

41 (7) at least one member with expertise in
42 Medicaid quality-based payment systems for long-term
43 care facilities;

44 (8) at least one member who is a practicing
45 medical director of a long-term care facility;

46 (9) at least one member who is a physician
47 with expertise in infectious disease or public health;
48 and

49 (10) at least one member who is a
50 community-based provider at an intermediate care
51 facility for individuals with intellectual or

1 developmental disabilities licensed under Chapter
2 252, Health and Safety Code.

3 (c) The executive commissioner shall designate
4 a member of the council to serve as presiding officer.
5 The members of the council shall elect any other
6 necessary officers.

7 (d) A member of the council serves at the will of
8 the executive commissioner.

9 (e) The council shall meet at the call of the
10 executive commissioner.

11 (f) A member of the council is not entitled to
12 reimbursement of expenses or to compensation for
13 service on the council.

14 (i) Chapter 2110 does not apply to the council.

15 Revised Law

16 Sec. 526.0204. COUNCIL DUTIES; REPORT. (a) In this
17 section, "long-term care facility" has the meaning assigned by
18 Section 526.0203.

19 (b) The council shall:

20 (1) study and make recommendations regarding a
21 consistent survey and informal dispute resolution process for
22 long-term care facilities, Medicaid quality-based payment systems
23 for those facilities, and the allocation of Medicaid beds in those
24 facilities;

25 (2) study and make recommendations regarding best
26 practices and protocols to make survey, inspection, and informal
27 dispute resolution processes more efficient and less burdensome on
28 long-term care facilities;

29 (3) recommend uniform standards for those processes;

30 (4) study and make recommendations regarding Medicaid
31 quality-based payment systems and a rate-setting methodology for
32 long-term care facilities; and

33 (5) study and make recommendations relating to the
34 allocation of and need for Medicaid beds in long-term care
35 facilities, including studying and making recommendations relating
36 to:

37 (A) the effectiveness of executive commissioner
38 rules relating to the procedures for certifying and decertifying
39 Medicaid beds in long-term care facilities; and

40 (B) the need for modifications to those rules to

1 better control the procedures for certifying and decertifying
2 Medicaid beds in long-term care facilities.

3 (c) Not later than January 1 of each odd-numbered year, the
4 council shall submit a report on the council's findings and
5 recommendations to the executive commissioner, the governor, the
6 lieutenant governor, the speaker of the house of representatives,
7 and the chairs of the appropriate legislative committees. (Gov.
8 Code, Secs. 531.0581(a)(2), (g), (h).)

9 Source Law

10 Sec. 531.0581. LONG-TERM CARE FACILITIES
11 COUNCIL. (a) In this section:

12 (2) "Long-term care facility" means a
13 facility subject to regulation under Section
14 32.021(d), Human Resources Code, or Chapter 242, 247,
15 or 252, Health and Safety Code.

16 (g) The council shall study and make
17 recommendations regarding a consistent survey and
18 informal dispute resolution process for long-term care
19 facilities, Medicaid quality-based payment systems
20 for those facilities, and the allocation of Medicaid
21 beds in those facilities. The council shall:

22 (1) study and make recommendations
23 regarding best practices and protocols to make survey,
24 inspection, and informal dispute resolution processes
25 more efficient and less burdensome on long-term care
26 facilities;

27 (2) recommend uniform standards for those
28 processes;

29 (3) study and make recommendations
30 regarding Medicaid quality-based payment systems and a
31 rate-setting methodology for long-term care
32 facilities; and

33 (4) study and make recommendations
34 relating to the allocation of and need for Medicaid
35 beds in long-term care facilities, including studying
36 and making recommendations relating to:

37 (A) the effectiveness of rules
38 adopted by the executive commissioner relating to the
39 procedures for certifying and decertifying Medicaid
40 beds in long-term care facilities; and

41 (B) the need for modifications to
42 those rules to better control the procedures for
43 certifying and decertifying Medicaid beds in long-term
44 care facilities.

45 (h) Not later than January 1 of each
46 odd-numbered year, the council shall submit a report
47 on the council's findings and recommendations to the
48 executive commissioner, the governor, the lieutenant
49 governor, the speaker of the house of representatives,
50 and the chairs of the appropriate legislative
51 committees.

52 SUBCHAPTER F. UNCOMPENSATED HOSPITAL CARE REPORTING AND ANALYSIS;

53 ADMINISTRATIVE PENALTY

1 Revised Law

2 Sec. 526.0251. RULES. The executive commissioner shall
3 adopt rules providing for:

4 (1) a standard definition of "uncompensated hospital
5 care";

6 (2) a methodology for hospitals in this state to use in
7 computing the cost of uncompensated hospital care that incorporates
8 a standard set of adjustments to a hospital's initial computation
9 of the cost that accounts for all funding streams that:

10 (A) are not patient-specific; and

11 (B) are used to offset the hospital's initially
12 computed amount of uncompensated hospital care; and

13 (3) procedures for hospitals to use in reporting the
14 cost of uncompensated hospital care to the commission and in
15 analyzing that cost, which may include procedures by which the
16 commission may periodically verify the completeness and accuracy of
17 the reported information. (Gov. Code, Secs. 531.551(a), (b).)

18 Source Law

19 Sec. 531.551. UNCOMPENSATED HOSPITAL CARE
20 REPORTING AND ANALYSIS. (a) The executive
21 commissioner shall adopt rules providing for:

22 (1) a standard definition of
23 "uncompensated hospital care";

24 (2) a methodology to be used by hospitals
25 in this state to compute the cost of that care that
26 incorporates a standard set of adjustments to a
27 hospital's initial computation of the cost of
28 uncompensated hospital care that account for all
29 funding streams that:

30 (A) are not patient-specific; and

31 (B) are used to offset the hospital's
32 initially computed amount of uncompensated care; and

33 (3) procedures to be used by those
34 hospitals to report the cost of that care to the
35 commission and to analyze that cost.

36 (b) The rules adopted by the executive
37 commissioner under Subsection (a)(3) may provide for
38 procedures by which the commission may periodically
39 verify the completeness and accuracy of the
40 information reported by hospitals.

41 Revised Law

42 Sec. 526.0252. NOTICE OF FAILURE TO REPORT; ADMINISTRATIVE
43 PENALTY. (a) The commission shall notify the attorney general of a
44 hospital's failure to report the cost of uncompensated hospital

1 care on or before the report due date in accordance with rules
2 adopted under Section 526.0251(3).

3 (b) On receipt of the notice, the attorney general shall
4 impose an administrative penalty on the hospital in the amount of
5 \$1,000 for each day after the report due date that the hospital has
6 not submitted the report, not to exceed \$10,000. (Gov. Code, Sec.
7 531.551(c).)

8 Source Law

9 (c) The commission shall notify the attorney
10 general of a hospital's failure to report the cost of
11 uncompensated care on or before the date the report was
12 due in accordance with rules adopted under Subsection
13 (a)(3). On receipt of the notice, the attorney general
14 shall impose an administrative penalty on the hospital
15 in the amount of \$1,000 for each day after the date the
16 report was due that the hospital has not submitted the
17 report, not to exceed \$10,000.

18 Revised Law

19 Sec. 526.0253. NOTICE OF INCOMPLETE OR INACCURATE REPORT;
20 ADMINISTRATIVE PENALTY. (a) If the commission determines that a
21 hospital submitted a report with incomplete or inaccurate
22 information using a procedure adopted under Section 526.0251(3),
23 the commission shall:

24 (1) notify the hospital of the specific information
25 the hospital must submit; and

26 (2) prescribe a date by which the hospital must
27 provide that information.

28 (b) If the hospital fails to submit the specified
29 information on or before the date the commission prescribes, the
30 commission shall notify the attorney general of that failure.

31 (c) On receipt of the commission's notice, the attorney
32 general shall impose an administrative penalty on the hospital in
33 an amount not to exceed \$10,000. In determining the amount of the
34 penalty to be imposed, the attorney general shall consider:

35 (1) the seriousness of the violation;

36 (2) whether the hospital had previously committed a
37 violation; and

38 (3) the amount necessary to deter the hospital from

1 committing future violations. (Gov. Code, Sec. 531.551(d).)

2 Source Law

3 (d) If the commission determines through the
4 procedures adopted under Subsection (b) that a
5 hospital submitted a report with incomplete or
6 inaccurate information, the commission shall notify
7 the hospital of the specific information the hospital
8 must submit and prescribe a date by which the hospital
9 must provide that information. If the hospital fails
10 to submit the specified information on or before the
11 date prescribed by the commission, the commission
12 shall notify the attorney general of that failure. On
13 receipt of the notice, the attorney general shall
14 impose an administrative penalty on the hospital in an
15 amount not to exceed \$10,000. In determining the
16 amount of the penalty to be imposed, the attorney
17 general shall consider:

- 18 (1) the seriousness of the violation;
19 (2) whether the hospital had previously
20 committed a violation; and
21 (3) the amount necessary to deter the
22 hospital from committing future violations.

23 Revised Law

24 Sec. 526.0254. REQUIREMENTS FOR ATTORNEY GENERAL
25 NOTIFICATION. The commission's notification to the attorney
26 general under Section 526.0252 or 526.0253 must include the facts
27 on which the commission based the determination that the hospital
28 failed to submit a report or failed to completely and accurately
29 report information, as applicable. (Gov. Code, Sec. 531.551(e).)

30 Source Law

31 (e) A report by the commission to the attorney
32 general under Subsection (c) or (d) must state the
33 facts on which the commission based its determination
34 that the hospital failed to submit a report or failed
35 to completely and accurately report information, as
36 applicable.

37 Revisor's Note

38 Section 531.551(e), Government Code, refers to a
39 "report by the commission to the attorney general."
40 For clarity and the convenience of the reader, the
41 revised law substitutes "[t]he commission's
42 notification to the attorney general" for the quoted
43 language because it is clear from the context that the
44 Health and Human Services Commission notifies the
45 attorney general related to a hospital's report under
46 Section 531.551, Government Code, rather than

1 providing a report to the attorney general.

2 Revised Law

3 Sec. 526.0255. ATTORNEY GENERAL NOTICE TO HOSPITAL. The
4 attorney general shall give written notice of the commission's
5 notification to the attorney general under Section 526.0252 or
6 526.0253 to the hospital that is the subject of the notification.
7 The notice must include:

8 (1) a brief summary of the alleged violation;

9 (2) a statement of the amount of the administrative
10 penalty to be imposed; and

11 (3) a statement of the hospital's right to a hearing on
12 the alleged violation, the amount of the penalty, or both. (Gov.
13 Code, Sec. 531.551(f).)

14 Source Law

15 (f) The attorney general shall give written
16 notice of the commission's report to the hospital
17 alleged to have failed to comply with a requirement.
18 The notice must include a brief summary of the alleged
19 violation, a statement of the amount of the
20 administrative penalty to be imposed, and a statement
21 of the hospital's right to a hearing on the alleged
22 violation, the amount of the penalty, or both.

23 Revisor's Note

24 Section 531.551(f), Government Code, refers to
25 "the commission's report." For the reasons stated in
26 the revisor's note to Section 526.0254, the revised law
27 substitutes "the commission's notification" for the
28 quoted language.

29 Revised Law

30 Sec. 526.0256. PENALTY PAID OR HEARING REQUESTED. Not
31 later than the 20th day after the date the attorney general sends
32 the notice under Section 526.0255, the hospital receiving the
33 notice must submit a written request for a hearing or remit the
34 amount of the administrative penalty to the attorney general.
35 Failure to timely request a hearing or remit the amount of the
36 administrative penalty results in a waiver of the right to a hearing
37 under this section. (Gov. Code, Sec. 531.551(g) (part).)

1 section" for "attorney general's order" because it is
2 clear from the context the order is the order entered
3 by the attorney general under Section 531.551(g),
4 which is revised as this section, and that description
5 is consistent with the description used elsewhere in
6 Section 531.551, Government Code.

7 Revised Law

8 Sec. 526.0258. OPTIONS FOLLOWING DECISION: PAY OR APPEAL.

9 Not later than the 30th day after the date the hospital receives the
10 order entered by the attorney general under Section 526.0257, the
11 hospital shall:

12 (1) pay the amount of the administrative penalty;

13 (2) remit the amount of the penalty to the attorney
14 general for deposit in an escrow account and file a petition for
15 judicial review contesting the occurrence of the violation, the
16 amount of the penalty, or both; or

17 (3) without paying the amount of the penalty:

18 (A) file a petition for judicial review
19 contesting the occurrence of the violation, the amount of the
20 penalty, or both; and

21 (B) file with the court a sworn affidavit stating
22 that the hospital is financially unable to pay the amount of the
23 penalty. (Gov. Code, Sec. 531.551(h).)

24 Source Law

25 (h) Not later than the 30th day after the date
26 the hospital receives the order entered by the
27 attorney general under Subsection (g), the hospital
28 shall:

29 (1) pay the amount of the administrative
30 penalty;

31 (2) remit the amount of the penalty to the
32 attorney general for deposit in an escrow account and
33 file a petition for judicial review contesting the
34 occurrence of the violation, the amount of the
35 penalty, or both; or

36 (3) without paying the amount of the
37 penalty, file a petition for judicial review
38 contesting the occurrence of the violation, the amount
39 of the penalty, or both and file with the court a sworn
40 affidavit stating that the hospital is financially
41 unable to pay the amount of the penalty.

1 Revised Law

2 Sec. 526.0259. DECISION BY COURT. (a) If a hospital paid
3 an administrative penalty imposed under this subchapter and on
4 review a court does not sustain the occurrence of the violation or
5 finds that the amount of the penalty should be reduced, the attorney
6 general shall remit the appropriate amount to the hospital not
7 later than the 30th day after the date the court's judgment becomes
8 final.

9 (b) If the court sustains the occurrence of the violation:

10 (1) the court:

11 (A) shall order the hospital to pay the amount of
12 the administrative penalty; and

13 (B) may award to the attorney general the
14 attorney's fees and court costs the attorney general incurred in
15 defending the action; and

16 (2) the attorney general shall remit the amount of the
17 penalty to the comptroller for deposit in the general revenue fund.

18 (Gov. Code, Secs. 531.551(j), (k).)

19 Source Law

20 (j) If the hospital paid the penalty and on
21 review the court does not sustain the occurrence of the
22 violation or finds that the amount of the
23 administrative penalty should be reduced, the attorney
24 general shall remit the appropriate amount to the
25 hospital not later than the 30th day after the date the
26 court's judgment becomes final.

27 (k) If the court sustains the occurrence of the
28 violation:

29 (1) the court:

30 (A) shall order the hospital to pay
31 the amount of the administrative penalty; and

32 (B) may award to the attorney general
33 the attorney's fees and court costs incurred by the
34 attorney general in defending the action; and

35 (2) the attorney general shall remit the
36 amount of the penalty to the comptroller for deposit in
37 the general revenue fund.

38 Revised Law

39 Sec. 526.0260. COLLECTION OF PENALTY. If a hospital does
40 not pay the amount of an administrative penalty imposed under this
41 subchapter after the attorney general's order becomes final for all
42 purposes, the attorney general may enforce the penalty as provided

1 by law for legal judgments. (Gov. Code, Sec. 531.551(1).)

2 Source Law

3 (1) If the hospital does not pay the amount of
4 the administrative penalty after the attorney
5 general's order becomes final for all purposes, the
6 attorney general may enforce the penalty as provided
7 by law for legal judgments.

8 SUBCHAPTER G. RURAL HOSPITAL INITIATIVES

9 Revised Law

10 Sec. 526.0301. STRATEGIC PLAN FOR RURAL HOSPITAL SERVICES;
11 REPORT. (a) The commission shall develop and implement a strategic
12 plan to ensure that the citizens in this state residing in rural
13 areas have access to hospital services.

14 (b) The strategic plan must include:

15 (1) a proposal for using at least one of the following
16 methods to ensure access to hospital services in the rural areas of
17 this state:

18 (A) an enhanced cost reimbursement methodology
19 for the payment of rural hospitals participating in the Medicaid
20 managed care program in conjunction with a supplemental payment
21 program for rural hospitals to cover costs incurred in providing
22 services to recipients;

23 (B) a hospital rate enhancement program
24 applicable only to rural hospitals;

25 (C) a reduction of punitive actions under
26 Medicaid that require reimbursement for Medicaid payments made to a
27 rural hospital provider, a reduction of the frequency of payment
28 reductions under Medicaid made to rural hospitals, and an
29 enhancement of payments made under merit-based programs or similar
30 programs for rural hospitals;

31 (D) a reduction of state regulatory-related
32 costs related to the commission's review of rural hospitals; or

33 (E) in accordance with rules the Centers for
34 Medicare and Medicaid Services adopts, the establishment of a
35 minimum fee schedule that applies to payments made to rural
36 hospitals by Medicaid managed care organizations; and

1 (2) target dates for achieving goals related to the
2 proposal described by Subdivision (1).

3 (c) Not later than November 1 of each even-numbered year,
4 the commission shall submit a report regarding the commission's
5 development and implementation of the strategic plan to:

6 (1) the legislature;

7 (2) the governor; and

8 (3) the Legislative Budget Board. (Gov. Code, Secs.
9 531.201(a), (b), (d).)

10 Source Law

11 Sec. 531.201. STRATEGIC PLAN; REPORT. (a) The
12 commission shall develop and implement a strategic
13 plan to ensure that the citizens of this state residing
14 in rural areas have access to hospital services.

15 (b) The strategic plan must include:

16 (1) a proposal for using at least one of
17 the following methods to ensure access to hospital
18 services in the rural areas of this state:

19 (A) an enhanced cost reimbursement
20 methodology for the payment of rural hospitals
21 participating in the Medicaid managed care program in
22 conjunction with a supplemental payment program for
23 rural hospitals to cover costs incurred in providing
24 services to recipients;

25 (B) a hospital rate enhancement
26 program that applies only to rural hospitals;

27 (C) a reduction of punitive actions
28 under the Medicaid program that require reimbursement
29 for Medicaid payments made to the provider, if the
30 provider is a rural hospital, a reduction of the
31 frequency of payment reductions under the Medicaid
32 program made to rural hospitals, and an enhancement of
33 payments made under merit-based programs or similar
34 programs for rural hospitals;

35 (D) a reduction of state
36 regulatory-related costs related to the commission's
37 review of rural hospitals; or

38 (E) in accordance with rules adopted
39 by the Centers for Medicare and Medicaid Services, the
40 establishment of a minimum fee schedule that applies
41 to payments made by managed care organizations to
42 rural hospitals; and

43 (2) target dates for achieving goals
44 related to the proposal described by Subdivision (1).

45 (d) Not later than November 1 of each
46 even-numbered year, the commission shall submit a
47 report regarding the commission's development and
48 implementation of the strategic plan described by
49 Subsection (b) to:

50 (1) the legislature;

51 (2) the governor; and

52 (3) the Legislative Budget Board.

53 Revisor's Note

54 Section 521.201(c), Government Code, requires

1 the Health and Human Services Commission to submit the
2 strategic plan developed under Subsection (b) to the
3 Legislative Budget Board for review and comment not
4 later than January 1, 2020, and prohibits
5 implementation of proposals under the plan before the
6 board approves the plan. Because the commission
7 submitted the plan and the board approved the plan as
8 required, the revised law omits that provision as
9 executed. The omitted law reads:

10 (c) Not later than January 1, 2020,
11 the commission shall submit the strategic
12 plan developed under Subsection (b) to the
13 Legislative Budget Board for review and
14 comment. The commission may not begin
15 implementation of the proposal contained in
16 the strategic plan until the strategic plan
17 is approved by the Legislative Budget
18 Board.

19 Revised Law

20 Sec. 526.0302. RURAL HOSPITAL ADVISORY COMMITTEE. (a) The
21 commission shall establish the rural hospital advisory committee,
22 either as an advisory committee or as a subcommittee of the hospital
23 payment advisory committee, to advise the commission on issues
24 relating specifically to rural hospitals.

25 (b) The rural hospital advisory committee is composed of
26 interested individuals the executive commissioner appoints.
27 Section 2110.002 does not apply to the advisory committee.

28 (c) An advisory committee member serves without
29 compensation. (Gov. Code, Sec. 531.202.)

30 Source Law

31 Sec. 531.202. ADVISORY COMMITTEE ON RURAL
32 HOSPITALS. (a) The commission shall establish the
33 Rural Hospital Advisory Committee, either as another
34 advisory committee or as a subcommittee of the
35 Hospital Payment Advisory Committee, to advise the
36 commission on issues relating specifically to rural
37 hospitals.

38 (b) The Rural Hospital Advisory Committee is
39 composed of interested persons appointed by the
40 executive commissioner. Section 2110.002 does not
41 apply to the advisory committee.

42 (c) A member of the advisory committee serves
43 without compensation.

1 Revised Law

2 Sec. 526.0303. COLLABORATION WITH OFFICE OF RURAL AFFAIRS.

3 The commission shall collaborate with the Office of Rural Affairs
4 to ensure that this state is pursuing to the fullest extent possible
5 federal grants, funding opportunities, and support programs
6 available to rural hospitals as administered by the Health
7 Resources and Services Administration and the Office of Minority
8 Health in the United States Department of Health and Human
9 Services. (Gov. Code, Sec. 531.203.)

10 Source Law

11 Sec. 531.203. COLLABORATION WITH OFFICE OF
12 RURAL AFFAIRS. The commission shall collaborate with
13 the Office of Rural Affairs to ensure that this state
14 is pursuing to the fullest extent possible federal
15 grants, funding opportunities, and support programs
16 available to rural hospitals as administered by the
17 Health Resources and Services Administration and the
18 Office of Minority Health in the United States
19 Department of Health and Human Services.

20 SUBCHAPTER H. MEDICAL TRANSPORTATION

21 Revised Law

22 Sec. 526.0351. DEFINITIONS. In this subchapter:

23 (1) "Medical transportation program" means the
24 program that provides nonemergency transportation services to
25 recipients under Medicaid, subject to Section 526.0353, the
26 children with special health care needs program, and the
27 transportation for indigent cancer patients program, who have no
28 other means of transportation.

29 (2) "Nonemergency transportation service" means
30 nonemergency medical transportation services authorized under:

31 (A) for a Medicaid recipient, the state Medicaid
32 plan; and

33 (B) for a recipient under another program
34 described by Subdivision (1), that program.

35 (3) "Regional contracted broker" means an entity that
36 contracts with the commission to provide or arrange for the
37 provision of nonemergency transportation services under the
38 medical transportation program.

1 (4) "Transportation network company" has the meaning
2 assigned by Section 2402.001, Occupations Code. (Gov. Code, Sec
3 531.02414(a).)

4 Source Law

5 Sec. 531.02414. NONEMERGENCY TRANSPORTATION
6 SERVICES UNDER MEDICAL TRANSPORTATION PROGRAM. (a)
7 In this section:

8 (1) "Medical transportation program"
9 means the program that provides nonemergency
10 transportation services to recipients under Medicaid,
11 subject to Subsection (a-1), the children with special
12 health care needs program, and the transportation for
13 indigent cancer patients program, who have no other
14 means of transportation.

15 (1-a) "Nonemergency transportation
16 service" means nonemergency medical transportation
17 services authorized under:

18 (A) for a Medicaid recipient, the
19 state Medicaid plan; and

20 (B) for a recipient under another
21 program described by Subdivision (1), that program.

22 (2) "Regional contracted broker" means an
23 entity that contracts with the commission to provide
24 or arrange for the provision of nonemergency
25 transportation services under the medical
26 transportation program.

27 (3) "Transportation network company" has
28 the meaning assigned by Section 2402.001, Occupations
29 Code.

30 Revisor's Note

31 Section 531.02414(a), Government Code, provides
32 definitions applicable "[i]n this section." The
33 revised law substitutes "[i]n this subchapter,"
34 meaning Subchapter H of this chapter, for the quoted
35 language because Section 531.02414, Government Code,
36 is revised as part of Subchapter H, Chapter 526,
37 Government Code. Although Section 531.0057,
38 Government Code, is also revised as part of Subchapter
39 H, that section does not include the terms defined in
40 Section 526.0351.

41 Revised Law

42 Sec. 526.0352. DUTY TO PROVIDE MEDICAL TRANSPORTATION
43 SERVICES. (a) The commission shall provide medical transportation
44 services for clients of eligible health and human services
45 programs.

46 (b) The commission may contract with any public or private

1 transportation provider or with any regional transportation broker
2 for the provision of public transportation services. (Gov. Code,
3 Sec. 531.0057.)

4 Source Law

5 Sec. 531.0057. MEDICAL TRANSPORTATION
6 SERVICES. (a) The commission shall provide medical
7 transportation services for clients of eligible health
8 and human services programs.

9 (b) The commission may contract with any public
10 or private transportation provider or with any
11 regional transportation broker for the provision of
12 public transportation services.

13 Revised Law

14 Sec. 526.0353. APPLICABILITY. Subject to Section _____
15 [[[Section 533.002571(i)]]], Sections 526.0354-526.0360 do not
16 apply to the provision of nonemergency transportation services to a
17 Medicaid recipient who is enrolled in a managed care plan offered by
18 a Medicaid managed care organization. (Gov. Code, Sec.
19 531.02414(a-1).)

20 Source Law

21 (a-1) Subject to Section 533.002571(i), this
22 section does not apply to the provision of
23 nonemergency transportation services on or after
24 September 1, 2020, to a Medicaid recipient who is
25 enrolled in a managed care plan offered by a Medicaid
26 managed care organization.

27 Revisor's Note

28 Section 531.02414(a-1), Government Code, states
29 that Section 531.02414, Government Code, does not
30 apply to the nonemergency transportation services
31 provided to certain recipients "on or after September
32 1, 2020." The revised law omits the quoted language as
33 unnecessary because the specified date has passed, and
34 any future provision of nonemergency transportation
35 services would necessarily occur after that date.

36 Revised Law

37 Sec. 526.0354. COMMISSION SUPERVISION OF MEDICAL
38 TRANSPORTATION PROGRAM. Notwithstanding any other law, the
39 commission:

40 (1) shall directly supervise the administration and

1 operation of the medical transportation program under this
2 subchapter; and

3 (2) may not delegate the commission's duty to
4 supervise the medical transportation program to any other person,
5 including through a contract with the Texas Department of
6 Transportation for the department to assume any of the commission's
7 responsibilities relating to the provision of services through that
8 program. (Gov. Code, Secs. 531.02414(b), (c).)

9 Source Law

10 (b) Notwithstanding any other law, the
11 commission shall directly supervise the
12 administration and operation of the medical
13 transportation program under this section.

14 (c) Notwithstanding any other law, the
15 commission may not delegate the commission's duty to
16 supervise the medical transportation program to any
17 other person, including through a contract with the
18 Texas Department of Transportation for the department
19 to assume any of the commission's responsibilities
20 relating to the provision of services through that
21 program.

22 Revisor's Note

23 Section 531.02414(b), Government Code, provides
24 that the Health and Human Services Commission shall
25 supervise the medical transportation program under
26 "this section." Throughout this subchapter, the
27 revised law substitutes "this subchapter," meaning
28 Subchapter H of this chapter, for the quoted language
29 because Section 531.02414, Government Code, is revised
30 as part of Subchapter H, Chapter 526, Government Code.
31 Although Section 531.0057, Government Code, is also
32 revised as part of Subchapter H, Section 531.0057 does
33 not include any provision governing the medical
34 transportation program.

35 Revised Law

36 Sec. 526.0355. CONTRACT FOR PUBLIC TRANSPORTATION
37 SERVICES. Subject to Section _____ [[[533.00257]]], the
38 commission may contract for the provision of public transportation
39 services, as defined by Section 461.002, Transportation Code, under

1 the medical transportation program, with:

2 (1) a public transportation provider, as defined by
3 Section 461.002, Transportation Code;

4 (2) a private transportation provider; or

5 (3) a regional transportation broker. (Gov. Code, Sec.
6 531.02414(d).)

7 Source Law

8 (d) Subject to Section 533.00257, the
9 commission may contract with a public transportation
10 provider, as defined by Section 461.002,
11 Transportation Code, a private transportation
12 provider, or a regional transportation broker for the
13 provision of public transportation services, as
14 defined by Section 461.002, Transportation Code, under
15 the medical transportation program.

16 Revised Law

17 Sec. 526.0356. RULES FOR NONEMERGENCY TRANSPORTATION
18 SERVICES; COMPLIANCE. (a) The executive commissioner shall adopt
19 rules to ensure the safe and efficient provision of nonemergency
20 transportation services under this subchapter. The rules must:

21 (1) include minimum standards regarding the physical
22 condition and maintenance of motor vehicles used to provide the
23 services, including standards regarding the accessibility of motor
24 vehicles by individuals with disabilities;

25 (2) require a regional contracted broker to:

26 (A) verify that each motor vehicle operator
27 providing the services or seeking to provide the services has a
28 valid driver's license;

29 (B) check the driving record information
30 maintained by the Department of Public Safety under Subchapter C,
31 Chapter 521, Transportation Code, of each motor vehicle operator
32 providing the services or seeking to provide the services; and

33 (C) check the public criminal record information
34 maintained by the Department of Public Safety and made available to
35 the public through the department's Internet website of each motor
36 vehicle operator providing the services or seeking to provide the
37 services; and

1 (3) include training requirements for motor vehicle
2 operators providing the services through a regional contracted
3 broker, including training on:

- 4 (A) passenger safety;
- 5 (B) passenger assistance;
- 6 (C) assistive devices, including wheelchair
7 lifts, tie-down equipment, and child safety seats;
- 8 (D) sensitivity and diversity;
- 9 (E) customer service;
- 10 (F) defensive driving techniques; and
- 11 (G) prohibited behavior by motor vehicle
12 operators.

13 (b) Except as provided by Section 526.0358, the commission
14 shall require compliance with the rules adopted under Subsection
15 (a) in any contract entered into with a regional contracted broker
16 to provide nonemergency transportation services under the medical
17 transportation program. (Gov. Code, Secs. 531.02414(e), (f).)

18 Source Law

19 (e) The executive commissioner shall adopt
20 rules to ensure the safe and efficient provision of
21 nonemergency transportation services under this
22 section. The rules must include:

23 (1) minimum standards regarding the
24 physical condition and maintenance of motor vehicles
25 used to provide the services, including standards
26 regarding the accessibility of motor vehicles by
27 persons with disabilities;

28 (2) a requirement that a regional
29 contracted broker verify that each motor vehicle
30 operator providing the services or seeking to provide
31 the services has a valid driver's license;

32 (3) a requirement that a regional
33 contracted broker check the driving record information
34 maintained by the Department of Public Safety under
35 Subchapter C, Chapter 521, Transportation Code, of
36 each motor vehicle operator providing the services or
37 seeking to provide the services;

38 (4) a requirement that a regional
39 contracted broker check the public criminal record
40 information maintained by the Department of Public
41 Safety and made available to the public through the
42 department's Internet website of each motor vehicle
43 operator providing the services or seeking to provide
44 the services; and

45 (5) training requirements for motor
46 vehicle operators providing the services through a
47 regional contracted broker, including training on the
48 following topics:

- 49 (A) passenger safety;

1 (B) passenger assistance;
2 (C) assistive devices, including
3 wheelchair lifts, tie-down equipment, and child safety
4 seats;
5 (D) sensitivity and diversity;
6 (E) customer service;
7 (F) defensive driving techniques;
8 and
9 (G) prohibited behavior by motor
10 vehicle operators.

11 (f) Except as provided by Subsection (j), the
12 commission shall require compliance with the rules
13 adopted under Subsection (e) in any contract entered
14 into with a regional contracted broker to provide
15 nonemergency transportation services under the
16 medical transportation program.

17 Revised Law

18 Sec. 526.0357. MEMORANDUM OF UNDERSTANDING; DRIVER AND
19 VEHICLE INFORMATION. (a) The commission shall enter into a
20 memorandum of understanding with the Texas Department of Motor
21 Vehicles and the Department of Public Safety for purposes of
22 obtaining the motor vehicle registration and driver's license
23 information of a medical transportation services provider,
24 including a regional contracted broker and a subcontractor of the
25 broker, to confirm the provider complies with applicable
26 requirements adopted under Section 526.0356(a).

27 (b) The commission shall establish a process by which
28 medical transportation services providers, including providers
29 under a managed transportation delivery model, that contract with
30 the commission may request and obtain the information described by
31 Subsection (a) to ensure that subcontractors providing medical
32 transportation services meet applicable requirements adopted under
33 Section 526.0356(a). (Gov. Code, Secs. 531.02414(g), (h).)

34 Source Law

35 (g) The commission shall enter into a memorandum
36 of understanding with the Texas Department of Motor
37 Vehicles and the Department of Public Safety for
38 purposes of obtaining the motor vehicle registration
39 and driver's license information of a provider of
40 medical transportation services, including a regional
41 contracted broker and a subcontractor of the broker,
42 to confirm that the provider complies with applicable
43 requirements adopted under Subsection (e).

44 (h) The commission shall establish a process by
45 which providers of medical transportation services,
46 including providers under a managed transportation
47 delivery model, that contract with the commission may
48 request and obtain the information described under
49 Subsection (g) for purposes of ensuring that

1 subcontractors providing medical transportation
2 services meet applicable requirements adopted under
3 Subsection (e).

4 Revised Law

5 Sec. 526.0358. MEDICAL TRANSPORTATION SERVICES
6 SUBCONTRACTS. (a) A regional contracted broker may subcontract
7 with a transportation network company to provide services under
8 this subchapter. A rule or other requirement the executive
9 commissioner adopts under Section 526.0356(a) does not apply to the
10 subcontracted transportation network company or a motor vehicle
11 operator who is part of the company's network. The commission or the
12 regional contracted broker may not require a motor vehicle operator
13 who is part of the subcontracted transportation network company's
14 network to enroll as a Medicaid provider to provide services under
15 this subchapter.

16 (b) The commission or a regional contracted broker that
17 subcontracts with a transportation network company under
18 Subsection (a) may require the transportation network company or a
19 motor vehicle operator who provides services under this subchapter
20 to be periodically screened against the list of excluded
21 individuals and entities maintained by the Office of Inspector
22 General of the United States Department of Health and Human
23 Services.

24 (c) Notwithstanding any other law, a motor vehicle operator
25 who is part of the network of a transportation network company that
26 subcontracts with a regional contracted broker under Subsection (a)
27 and who satisfies the driver requirements in Section 2402.107,
28 Occupations Code, is qualified to provide services under this
29 subchapter. The commission and the regional contracted broker may
30 not impose any additional requirements on a motor vehicle operator
31 who satisfies the driver requirements in Section 2402.107,
32 Occupations Code, to provide services under this subchapter. (Gov.
33 Code, Secs. 531.02414(j), (k), (l).)

34 Source Law

35 (j) A regional contracted broker may
36 subcontract with a transportation network company to

1 provide services under this section. A rule or other
2 requirement adopted by the executive commissioner
3 under Subsection (e) does not apply to the
4 subcontracted transportation network company or a
5 motor vehicle operator who is part of the company's
6 network. The commission or the regional contracted
7 broker may not require a motor vehicle operator who is
8 part of the subcontracted transportation network
9 company's network to enroll as a Medicaid provider to
10 provide services under this section.

11 (k) The commission or a regional contracted
12 broker that subcontracts with a transportation network
13 company under Subsection (j) may require the
14 transportation network company or a motor vehicle
15 operator who provides services under this section to
16 be periodically screened against the list of excluded
17 individuals and entities maintained by the Office of
18 Inspector General of the United States Department of
19 Health and Human Services.

20 (l) Notwithstanding any other law, a motor
21 vehicle operator who is part of the network of a
22 transportation network company that subcontracts with
23 a regional contracted broker under Subsection (j) and
24 who satisfies the driver requirements in Section
25 2402.107, Occupations Code, is qualified to provide
26 services under this section. The commission and the
27 regional contracted broker may not impose any
28 additional requirements on a motor vehicle operator
29 who satisfies the driver requirements in Section
30 2402.107, Occupations Code, to provide services under
31 this section.

32 Revised Law

33 Sec. 526.0359. CERTAIN PROVIDERS PROHIBITED FROM PROVIDING
34 NONEMERGENCY TRANSPORTATION SERVICES. Emergency medical services
35 personnel and emergency medical services vehicles, as those terms
36 are defined by Section 773.003, Health and Safety Code, may not
37 provide nonemergency transportation services under the medical
38 transportation program. (Gov. Code, Sec. 531.02414(i).)

39 Source Law

40 (i) Emergency medical services personnel and
41 emergency medical services vehicles, as those terms
42 are defined by Section 773.003, Health and Safety
43 Code, may not provide nonemergency transportation
44 services under the medical transportation program.

45 Revised Law

46 Sec. 526.0360. CERTAIN WHEELCHAIR-ACCESSIBLE VEHICLES
47 AUTHORIZED. For purposes of this section and Sections
48 526.0354-526.0359 and notwithstanding Section 2402.111(a)(2)(A),
49 Occupations Code, a motor vehicle operator who provides services
50 under Sections 526.0354-526.0359 may use a wheelchair-accessible
51 vehicle equipped with a lift or ramp that is capable of transporting

1 passengers using a fixed-frame wheelchair in the cabin of the
2 vehicle if the vehicle otherwise meets the requirements of Section
3 2402.111, Occupations Code. (Gov. Code, Sec. 531.02414(m).)

4 Source Law

5 (m) For purposes of this section and
6 notwithstanding Section 2402.111(a)(2)(A),
7 Occupations Code, a motor vehicle operator who
8 provides services under this section may use a
9 wheelchair-accessible vehicle equipped with a lift or
10 ramp that is capable of transporting passengers using
11 a fixed-frame wheelchair in the cabin of the vehicle if
12 the vehicle otherwise meets the requirements of
13 Section 2402.111, Occupations Code.

14 SUBCHAPTER I. CASEWORKERS AND PROGRAM PERSONNEL

15 Revised Law

16 Sec. 526.0401. CASELOAD STANDARDS FOR DEPARTMENT OF FAMILY
17 AND PROTECTIVE SERVICES. (a) In this section:

18 (1) "Caseload standards" means the minimum and maximum
19 number of cases that an employee can reasonably be expected to
20 perform in a normal work month based on the number of cases handled
21 by or the number of different job functions performed by the
22 employee.

23 (2) "Professional caseload standards" means caseload
24 standards for employees of health and human services agencies that
25 are established or are recommended for establishment by:

26 (A) management studies conducted for health and
27 human services agencies; or

28 (B) an authority or association, including:

29 (i) the Child Welfare League of America;

30 (ii) the National Eligibility Workers
31 Association;

32 (iii) the National Association of Social
33 Workers; and

34 (iv) associations of state health and human
35 services agencies.

36 (b) Subject to Chapter 316 (H.B. 5), Acts of the 85th
37 Legislature, Regular Session, 2017, the executive commissioner may
38 establish caseload standards and other standards relating to

1 caseloads for each category of caseworker the Department of Family
2 and Protective Services employs.

3 (c) In establishing standards under this section, the
4 executive commissioner shall:

5 (1) ensure that the standards are based on the
6 caseworker's actual duties;

7 (2) ensure that the caseload standards are reasonable
8 and achievable;

9 (3) ensure that the standards are consistent with
10 existing professional caseload standards;

11 (4) consider standards developed by other states for
12 caseworkers in similar positions of employment; and

13 (5) ensure that the standards are consistent with
14 existing caseload standards of other state agencies.

15 (d) Subject to the availability of money the legislature
16 appropriates:

17 (1) the commissioner of the Department of Family and
18 Protective Services shall use the standards established under this
19 section to determine the number of personnel to assign as
20 caseworkers for the department; and

21 (2) the Department of Family and Protective Services
22 shall use the standards established to assign caseloads to
23 individual caseworkers the department employs.

24 (e) Nothing in this section may be construed to create a
25 cause of action. (Gov. Code, Secs. 531.001(1), (5), 531.048; New.)

26 Source Law

27 Sec. 531.001. DEFINITIONS. In this subtitle:

28 (1) "Caseload standards" means the minimum
29 and maximum number of cases that an employee can
30 reasonably be expected to perform in a normal work
31 month based on the number of cases handled by or the
32 number of different job functions performed by the
33 employee.

34 (5) "Professional caseload standards"
35 means caseload standards that are established or are
36 recommended for establishment for employees of health
37 and human services agencies by management studies
38 conducted for health and human services agencies or by
39 an authority or association, including the Child
40 Welfare League of America, the National Eligibility

1 Workers Association, the National Association of
2 Social Workers, and associations of state health and
3 human services agencies.

4 Sec. 531.048. CASELOAD STANDARDS. (a) The
5 executive commissioner may establish caseload
6 standards and other standards relating to caseloads
7 for each category of caseworker employed by the
8 Department of Family and Protective Services.

9 (b) In establishing standards under this
10 section, the executive commissioner shall:

11 (1) ensure the standards are based on the
12 actual duties of the caseworker;

13 (2) ensure the caseload standards are
14 reasonable and achievable;

15 (3) ensure the standards are consistent
16 with existing professional caseload standards;

17 (4) consider standards developed by other
18 states for caseworkers in similar positions of
19 employment; and

20 (5) ensure the standards are consistent
21 with existing caseload standards of other state
22 agencies.

23 (c) Subject to the availability of funds
24 appropriated by the legislature, the commissioner of
25 the Department of Family and Protective Services shall
26 use the standards established by the executive
27 commissioner under this section to determine the
28 number of personnel to assign as caseworkers for the
29 department.

30 (d) Subject to the availability of funds
31 appropriated by the legislature, the Department of
32 Family and Protective Services shall use the standards
33 established by the executive commissioner to assign
34 caseloads to individual caseworkers employed by the
35 department.

36 (f) Nothing in this section may be construed to
37 create a cause of action.

38 Revisor's Note

39 (1) Section 531.001, Government Code, provides
40 definitions that apply "[i]n this subtitle," meaning
41 Subtitle I, Title 4, Government Code, including
42 definitions of "caseload standards" and "professional
43 caseload standards." The definitions of "caseload
44 standards" and "professional caseload standards" are
45 revised in this section to apply only to this section,
46 rather than the entire subtitle, because the terms are
47 used only in provisions of Subtitle I that are revised
48 in this section.

49 (2) Section 531.048(a), Government Code, refers
50 to the executive commissioner of the Health and Human
51 Services Commission establishing caseload standards
52 for each category of caseworker employed by the

1 Department of Family and Protective Services. Chapter
2 316 (H.B. 5), Acts of the 85th Legislature, Regular
3 Session, 2017, redesignated and transferred to the
4 department certain powers and duties previously
5 transferred to the commission. Therefore, the revised
6 law adds language to clarify that the performance of
7 that duty is subject to Chapter 316.

8 Revised Law

9 Sec. 526.0402. JOINT TRAINING FOR CERTAIN CASEWORKERS. (a)
10 The executive commissioner shall provide for joint training for
11 health and human services caseworkers whose clients are children,
12 including caseworkers employed by:

- 13 (1) the commission;
14 (2) the Department of State Health Services;
15 (3) a local mental health authority; and
16 (4) a local intellectual and developmental disability
17 authority.

18 (b) The joint training must be designed to increase a
19 caseworker's knowledge and awareness of the services available to
20 children at each health and human services agency or local mental
21 health or intellectual and developmental disability authority,
22 including long-term care programs and services available under a
23 Section 1915(c) waiver program. (Gov. Code, Sec. 531.02491.)

24 Source Law

25 Sec. 531.02491. JOINT TRAINING FOR CERTAIN
26 CASEWORKERS. (a) The executive commissioner shall
27 provide for joint training for health and human
28 services caseworkers whose clients are children,
29 including caseworkers employed by:

- 30 (1) the commission;
31 (2) the Department of Aging and Disability
32 Services;
33 (3) the Department of State Health
34 Services;
35 (4) a local mental health authority; and
36 (5) a local intellectual and developmental
37 disability authority.

38 (b) Training provided under this section must be
39 designed to increase a caseworker's knowledge and
40 awareness of the services available to children at
41 each health and human services agency or local mental
42 health or intellectual and developmental disability
43 authority, including long-term care programs and

1 services available under a Section 1915(c) waiver
2 program.

3 Revisor's Note

4 Section 531.02491, Government Code, requires the
5 executive commissioner of the Health and Human
6 Services Commission to provide joint training for
7 caseworkers employed by several entities, including
8 "the Department of Aging and Disability Services." The
9 revised law omits the quoted language for the reasons
10 stated in Revisor's Note (1) to Section 526.0003.

11 Revised Law

12 Sec. 526.0403. COORDINATION AND APPROVAL OF CASELOAD
13 ESTIMATES. (a) The commission shall coordinate and approve
14 caseload estimates for programs health and human services agencies
15 administer.

16 (b) To implement this section, the commission shall:

17 (1) adopt uniform guidelines for health and human
18 services agencies to use in estimating each agency's caseload, with
19 allowances given for those agencies for which exceptions from the
20 guidelines may be necessary;

21 (2) assemble a single set of economic and demographic
22 data and provide that data to each health and human services agency
23 to use in estimating the agency's caseload; and

24 (3) seek advice from health and human services
25 agencies, the Legislative Budget Board, the governor's budget
26 office, the comptroller, and other relevant agencies as needed to
27 coordinate the caseload estimating process. (Gov. Code, Sec.
28 531.0274.)

29 Source Law

30 Sec. 531.0274. COORDINATION AND APPROVAL OF
31 CASELOAD ESTIMATES. (a) The commission shall
32 coordinate and approve caseload estimates made for
33 programs administered by health and human services
34 agencies.

35 (b) To implement this section, the commission
36 shall:

37 (1) adopt uniform guidelines to be used by
38 health and human services agencies in estimating their
39 caseloads, with allowances given for those agencies
40 for which exceptions from the guidelines may be

1 necessary;

2 (2) assemble a single set of economic and
3 demographic data and provide that data to each health
4 and human services agency to be used in estimating its
5 caseloads; and

6 (3) seek advice from health and human
7 services agencies, the Legislative Budget Board, the
8 governor's budget office, the comptroller, and other
9 relevant agencies as needed to coordinate the caseload
10 estimating process.

11 Revised Law

12 Sec. 526.0404. DEAF-BLIND WITH MULTIPLE DISABILITIES
13 (DBMD) WAIVER PROGRAM: CAREER LADDER FOR INTERVENERS. (a) In this
14 section:

15 (1) "Deaf-blind-related course work" means
16 educational courses designed to improve a student's:

17 (A) knowledge of deaf-blindness and its effect on
18 learning;

19 (B) knowledge of the intervention role and
20 ability to facilitate the intervention process;

21 (C) knowledge of communication areas relevant to
22 deaf-blindness, including methods, adaptations, and use of
23 assistive technology, and ability to facilitate development and use
24 of communication skills for an individual who is deaf-blind;

25 (D) knowledge of the effect deaf-blindness has on
26 an individual's psychological, social, and emotional development
27 and ability to facilitate the emotional well-being of an individual
28 who is deaf-blind;

29 (E) knowledge of and issues related to sensory
30 systems and ability to facilitate the use of the senses;

31 (F) knowledge of motor skills, movement,
32 orientation, and mobility strategies and ability to facilitate
33 orientation and mobility skills;

34 (G) knowledge of the effect additional
35 disabilities have on an individual who is deaf-blind and ability to
36 provide appropriate support; or

37 (H) professionalism and knowledge of ethical
38 issues relevant to the intervener role.

39 (2) "Program" means the deaf-blind with multiple

1 disabilities (DBMD) waiver program.

2 (b) The executive commissioner by rule shall adopt a career
3 ladder for individuals who provide intervener services under the
4 program. The rules must provide a system under which each
5 individual may be classified based on the individual's level of
6 training, education, and experience, as one of the following:

- 7 (1) Intervener;
- 8 (2) Intervener I;
- 9 (3) Intervener II; or
- 10 (4) Intervener III.

11 (c) The rules must require that:

12 (1) an Intervener:

13 (A) complete any orientation or training course
14 required to be completed by any individual who provides direct care
15 services to recipients of services under the program;

16 (B) hold a high school diploma or a high school
17 equivalency certificate;

18 (C) have at least two years of experience working
19 with individuals with developmental disabilities;

20 (D) have the ability to proficiently communicate
21 in the functional language of the individual who is deaf-blind; and

22 (E) meet all direct-care worker qualifications
23 as determined by the program;

24 (2) an Intervener I:

25 (A) meet the requirements of an Intervener under
26 Subdivision (1);

27 (B) have at least six months of experience
28 working with individuals who are deaf-blind; and

29 (C) have completed at least eight semester credit
30 hours, plus a one-hour practicum in deaf-blind-related course work,
31 at an accredited college or university;

32 (3) an Intervener II:

33 (A) meet the requirements of an Intervener I;

34 (B) have at least nine months of experience

1 working with individuals who are deaf-blind; and

2 (C) have completed an additional 10 semester
3 credit hours in deaf-blind-related course work at an accredited
4 college or university; and

5 (4) an Intervener III:

6 (A) meet the requirements of an Intervener II;

7 (B) have at least one year of experience working
8 with individuals who are deaf-blind; and

9 (C) hold an associate's or bachelor's degree from
10 an accredited college or university in a course of study with a
11 focus on deaf-blind-related course work.

12 (d) Notwithstanding Subsections (b) and (c), the executive
13 commissioner may adopt a career ladder under this section based on
14 credentialing standards for interveners developed by the Academy
15 for Certification of Vision Rehabilitation and Education
16 Professionals or any other private credentialing entity as the
17 executive commissioner determines appropriate.

18 (e) The compensation an intervener receives for providing
19 services under the program must be based on and commensurate with
20 the intervener's career ladder classification. (Gov. Code, Sec.
21 531.0973; New.)

22 Source Law

23 Sec. 531.0973. DEAF-BLIND WITH MULTIPLE
24 DISABILITIES WAIVER PROGRAM: CAREER LADDER FOR
25 INTERVENERS. (a) In this section,
26 "deaf-blind-related course work" means educational
27 courses designed to improve a student's:

28 (1) knowledge of deaf-blindness and its
29 effect on learning;

30 (2) knowledge of the role of intervention
31 and ability to facilitate the intervention process;

32 (3) knowledge of areas of communication
33 relevant to deaf-blindness, including methods,
34 adaptations, and use of assistive technology, and
35 ability to facilitate a deaf-blind person's
36 development and use of communication skills;

37 (4) knowledge of the effect that
38 deaf-blindness has on a person's psychological,
39 social, and emotional development and ability to
40 facilitate the emotional well-being of a deaf-blind
41 person;

42 (5) knowledge of and issues related to
43 sensory systems and ability to facilitate the use of
44 the senses;

45 (6) knowledge of motor skills, movement,

1 orientation, and mobility strategies and ability to
2 facilitate orientation and mobility skills;

3 (7) knowledge of the effect that
4 additional disabilities have on a deaf-blind person
5 and ability to provide appropriate support; or

6 (8) professionalism and knowledge of
7 ethical issues relevant to the role of an intervener.

8 (b) The executive commissioner by rule shall
9 adopt a career ladder for persons who provide
10 intervener services under the deaf-blind with multiple
11 disabilities waiver program. The rules must provide a
12 system under which each person may be classified based
13 on the person's level of training, education, and
14 experience, as one of the following:

- 15 (1) Intervener;
- 16 (2) Intervener I;
- 17 (3) Intervener II; or
- 18 (4) Intervener III.

19 (c) The rules adopted by the executive
20 commissioner under Subsection (b) must, at a minimum,
21 require that:

- 22 (1) an Intervener:

23 (A) complete any orientation or
24 training course that is required to be completed by any
25 person who provides direct care services to recipients
26 of services under the deaf-blind with multiple
27 disabilities waiver program;

28 (B) hold a high school diploma or a
29 high school equivalency certificate;

30 (C) have at least two years of
31 experience working with individuals with
32 developmental disabilities;

33 (D) have the ability to proficiently
34 communicate in the functional language of the
35 deaf-blind person; and

36 (E) meet all direct-care worker
37 qualifications as determined by the deaf-blind with
38 multiple disabilities waiver program;

- 39 (2) an Intervener I:

40 (A) meet the requirements of an
41 Intervener under Subdivision (1);

42 (B) have at least six months of
43 experience working with deaf-blind persons; and

44 (C) have completed at least eight
45 semester credit hours, plus a one-hour practicum in
46 deaf-blind-related course work, at an accredited
47 college or university;

- 48 (3) an Intervener II:

49 (A) meet the requirements of an
50 Intervener I;

51 (B) have at least nine months of
52 experience working with deaf-blind persons; and

53 (C) have completed an additional 10
54 semester credit hours in deaf-blind-related course
55 work at an accredited college or university; and

- 56 (4) an Intervener III:

57 (A) meet the requirements of an
58 Intervener II;

59 (B) have at least one year of
60 experience working with deaf-blind persons; and

61 (C) hold an associate's or bachelor's
62 degree from an accredited college or university in a
63 course of study with a focus on deaf-blind-related
64 course work.

65 (d) Notwithstanding Subsections (b) and (c),
66 the executive commissioner may adopt a career ladder
67 under this section based on credentialing standards
68 for interveners developed by the Academy for

1 Certification of Vision Rehabilitation and Education
2 Professionals or any other private credentialing
3 entity that the executive commissioner determines is
4 appropriate.

5 (e) The compensation that an intervener
6 receives for providing services under the deaf-blind
7 with multiple disabilities waiver program must be
8 based on and commensurate with the intervener's career
9 ladder classification.

10 Revisor's Note

11 (1) Section 531.0973(c), Government Code,
12 refers to a list of requirements that an individual who
13 provides intervener services must meet "at a minimum."
14 The revised law omits the quoted language as
15 unnecessary because each requirement listed in Section
16 531.0973(c) applies by its own terms and because the
17 absence of the language does not imply that the list
18 may not contain additional requirements.

19 (2) The definition of "program" is added to the
20 revised law for drafting convenience and to eliminate
21 frequent, unnecessary repetition of the substance of
22 the definition.

23 SUBCHAPTER J. LICENSING, LISTING, OR REGISTRATION OF CERTAIN
24 ENTITIES

25 Revised Law

26 Sec. 526.0451. APPLICABILITY. (a) This subchapter applies
27 only to the final licensing, listing, or registration decisions of
28 a health and human services agency with respect to a person under
29 the law authorizing the agency to regulate the following:

30 (1) a youth camp licensed under Chapter 141, Health
31 and Safety Code;

32 (2) a home and community support services agency
33 licensed under Chapter 142, Health and Safety Code;

34 (3) a hospital licensed under Chapter 241, Health and
35 Safety Code;

36 (4) a nursing facility licensed under Chapter 242,
37 Health and Safety Code;

38 (5) an assisted living facility licensed under Chapter

1 247, Health and Safety Code;

2 (6) a special care facility licensed under Chapter
3 248, Health and Safety Code;

4 (7) an intermediate care facility licensed under
5 Chapter 252, Health and Safety Code;

6 (8) a chemical dependency treatment facility licensed
7 under Chapter 464, Health and Safety Code;

8 (9) a mental hospital or mental health facility
9 licensed under Chapter 577, Health and Safety Code;

10 (10) a child-care facility or child-placing agency
11 licensed under or a family home listed or registered under Chapter
12 42, Human Resources Code; or

13 (11) a day activity and health services facility
14 licensed under Chapter 103, Human Resources Code.

15 (b) This subchapter does not apply to an agency decision
16 that did not result in a final order or that was reversed on appeal.
17 (Gov. Code, Sec. 531.951.)

18 Source Law

19 Sec. 531.951. APPLICABILITY. (a) This
20 subchapter applies only to the final licensing,
21 listing, or registration decisions of a health and
22 human services agency with respect to a person under
23 the law authorizing the agency to regulate the
24 following types of persons:

25 (1) a youth camp licensed under Chapter
26 141, Health and Safety Code;

27 (2) a home and community support services
28 agency licensed under Chapter 142, Health and Safety
29 Code;

30 (3) a hospital licensed under Chapter 241,
31 Health and Safety Code;

32 (4) an institution licensed under Chapter
33 242, Health and Safety Code;

34 (5) an assisted living facility licensed
35 under Chapter 247, Health and Safety Code;

36 (6) a special care facility licensed under
37 Chapter 248, Health and Safety Code;

38 (7) an intermediate care facility licensed
39 under Chapter 252, Health and Safety Code;

40 (8) a chemical dependency treatment
41 facility licensed under Chapter 464, Health and Safety
42 Code;

43 (9) a mental hospital or mental health
44 facility licensed under Chapter 577, Health and Safety
45 Code;

46 (10) a child-care facility or
47 child-placing agency licensed under or a family home
48 listed or registered under Chapter 42, Human Resources
49 Code; or

1 (11) a day activity and health services
2 facility licensed under Chapter 103, Human Resources
3 Code.

4 (b) This subchapter does not apply to an agency
5 decision that did not result in a final order or that
6 was reversed on appeal.

7 Revisor's Note

8 Section 531.951(a)(4), Government Code, refers
9 to "an institution" licensed under Chapter 242, Health
10 and Safety Code. For the reasons stated in Revisor's
11 Note (2) to Section 526.0202, the revised law
12 substitutes "a nursing facility" for the quoted
13 language.

14 Revised Law

15 Sec. 526.0452. REQUIRED APPLICATION INFORMATION. An
16 applicant submitting an initial or renewal application for a
17 license, including a renewal license or a license that does not
18 expire, a listing, or a registration described by Section 526.0451
19 must include with the application a written statement of:

20 (1) the name of any person who is or will be a
21 controlling person, as the applicable agency regulating the person
22 determines, of the entity for which the license, listing, or
23 registration is sought; and

24 (2) any other relevant information required by rules
25 the executive commissioner adopts. (Gov. Code, Sec. 531.954.)

26 Source Law

27 Sec. 531.954. REQUIRED APPLICATION
28 INFORMATION. An applicant submitting an initial or
29 renewal application for a license, including a renewal
30 license or a license that does not expire, a listing,
31 or a registration described under Section 531.951 must
32 include with the application a written statement of:

33 (1) the name of any person who is or will
34 be a controlling person, as determined by the
35 applicable agency regulating the person, of the entity
36 for which the license, listing, or registration is
37 sought; and

38 (2) any other relevant information
39 required by executive commissioner rule.

40 Revised Law

41 Sec. 526.0453. APPLICATION DENIAL BASED ON ADVERSE AGENCY
42 DECISION. A health and human services agency that regulates a
43 person to whom this subchapter applies may deny an application for a

1 license, including a renewal license or a license that does not
2 expire, a listing, or a registration described by Section 526.0451,
3 if:

4 (1) any of the following persons are listed in a record
5 maintained under Section 526.0454:

6 (A) the applicant;

7 (B) a person listed on the application; or

8 (C) a person the applicable regulating agency
9 determines to be a controlling person of an entity for which the
10 license, including a renewal license or a license that does not
11 expire, the listing, or the registration is sought; and

12 (2) the agency's action resulting in the person being
13 listed in a record maintained under Section 526.0454 is based on:

14 (A) an act or omission that resulted in physical
15 or mental harm to an individual in the care of the applicant or
16 person;

17 (B) a threat to the health, safety, or well-being
18 of an individual in the care of the applicant or person;

19 (C) the physical, mental, or financial
20 exploitation of an individual in the care of the applicant or
21 person; or

22 (D) the agency's determination that the
23 applicant or person has committed an act or omission that renders
24 the applicant unqualified or unfit to fulfill the obligations of
25 the license, listing, or registration. (Gov. Code, Sec. 531.953.)

26 Source Law

27 Sec. 531.953. DENIAL OF APPLICATION BASED ON
28 ADVERSE AGENCY DECISION. A health and human services
29 agency that regulates a person described by Section
30 531.951 may deny an application for a license,
31 including a renewal license or a license that does not
32 expire, a listing, or a registration included in that
33 section if:

34 (1) any of the following persons are
35 listed in a record maintained under Section 531.952:

36 (A) the applicant;

37 (B) a person listed on the
38 application; or

39 (C) a person determined by the
40 applicable regulating agency to be a controlling
41 person of an entity for which the license, including a

1 renewal license or a license that does not expire, the
2 listing, or the registration is sought; and

3 (2) the agency's action that resulted in
4 the person being listed in a record maintained under
5 Section 531.952 is based on:

6 (A) an act or omission that resulted
7 in physical or mental harm to an individual in the care
8 of the applicant or person;

9 (B) a threat to the health, safety,
10 or well-being of an individual in the care of the
11 applicant or person;

12 (C) the physical, mental, or
13 financial exploitation of an individual in the care of
14 the applicant or person; or

15 (D) a determination by the agency
16 that the applicant or person has committed an act or
17 omission that renders the applicant unqualified or
18 unfit to fulfill the obligations of the license,
19 listing, or registration.

20 Revised Law

21 Sec. 526.0454. RECORD OF FINAL DECISION. (a) Each health
22 and human services agency that regulates a person to whom this
23 subchapter applies shall, in accordance with this section and rules
24 the executive commissioner adopts, maintain a record of:

25 (1) each application for a license, including a
26 renewal license or a license that does not expire, a listing, or a
27 registration that the agency denies under the law authorizing the
28 agency to regulate the person; and

29 (2) each license, listing, or registration that the
30 agency revokes, suspends, or terminates under the applicable law.

31 (b) The record of an application required by Subsection
32 (a)(1) must be maintained until the 10th anniversary of the date the
33 application is denied. The record of the license, listing, or
34 registration required by Subsection (a)(2) must be maintained until
35 the 10th anniversary of the date of the revocation, suspension, or
36 termination.

37 (c) The record required under Subsection (a) must include:

38 (1) the name and address of the applicant for a
39 license, listing, or registration that is denied as described by
40 Subsection (a)(1);

41 (2) the name and address of each person listed in the
42 application for a license, listing, or registration that is denied
43 as described by Subsection (a)(1);

1 (3) the name of each person the applicable regulatory
2 agency determines to be a controlling person of an entity for which
3 an application, license, listing, or registration is denied,
4 revoked, suspended, or terminated as described by Subsection (a);

5 (4) the specific type of license, listing, or
6 registration the agency denied, revoked, suspended, or terminated;

7 (5) a summary of the terms of the denial, revocation,
8 suspension, or termination; and

9 (6) the effective period of the denial, revocation,
10 suspension, or termination.

11 (d) Each health and human services agency that regulates a
12 person to whom this subchapter applies each month shall provide a
13 copy of the records maintained under this section to any other
14 health and human services agency that regulates the person. (Gov.
15 Code, Sec. 531.952.)

16 Source Law

17 Sec. 531.952. RECORD OF FINAL DECISION. (a)
18 Each health and human services agency that regulates a
19 person described by Section 531.951 shall in
20 accordance with this section and executive
21 commissioner rule maintain a record of:

22 (1) each application for a license,
23 including a renewal license or a license that does not
24 expire, a listing, or a registration that is denied by
25 the agency under the law authorizing the agency to
26 regulate the person; and

27 (2) each license, listing, or registration
28 that is revoked, suspended, or terminated by the
29 agency under the applicable law.

30 (b) The record of an application required by
31 Subsection (a)(1) must be maintained until the 10th
32 anniversary of the date the application is denied. The
33 record of the license, listing, or registration
34 required by Subsection (a)(2) must be maintained until
35 the 10th anniversary of the date of the revocation,
36 suspension, or termination.

37 (c) The record required under Subsection (a)
38 must include:

39 (1) the name and address of the applicant
40 for a license, listing, or registration that is denied
41 as described by Subsection (a)(1);

42 (2) the name and address of each person
43 listed in the application for a license, listing, or
44 registration that is denied as described by Subsection
45 (a)(1);

46 (3) the name of each person determined by
47 the applicable regulatory agency to be a controlling
48 person of an entity for which an application, license,
49 listing, or registration is denied, revoked,
50 suspended, or terminated as described by Subsection
51 (a);

1 (4) the specific type of license, listing,
2 or registration that was denied, revoked, suspended,
3 or terminated by the agency;

4 (5) a summary of the terms of the denial,
5 revocation, suspension, or termination; and

6 (6) the period the denial, revocation,
7 suspension, or termination was effective.

8 (d) Each health and human services agency that
9 regulates a person described by Section 531.951 each
10 month shall provide a copy of the records maintained
11 under this section to each other health and human
12 services agency that regulates a person described by
13 Section 531.951.

14 SUBCHAPTER K. CHILDREN AND FAMILIES

15 Revised Law

16 Sec. 526.0501. SUBSTITUTE CARE PROVIDER OUTCOME STANDARDS.

17 (a) The executive commissioner, after consulting with
18 representatives from the commission, the Department of Family and
19 Protective Services, and the Texas Juvenile Justice Department,
20 shall by rule adopt result-oriented standards that a provider of
21 substitute care services for children under the care of this state
22 must achieve.

23 (b) A health and human services agency that purchases
24 substitute care services shall include the result-oriented
25 standards as requirements in each substitute care service provider
26 contract.

27 (c) A health and human services agency may provide
28 information about a substitute care provider, including rates,
29 contracts, outcomes, and client information, to another agency that
30 purchases substitute care services. (Gov. Code, Sec. 531.047.)

31 Source Law

32 Sec. 531.047. SUBSTITUTE CARE PROVIDER OUTCOME
33 STANDARDS. (a) The executive commissioner, after
34 consulting with representatives from the Department of
35 Family and Protective Services, the Texas Juvenile
36 Justice Department, the Department of Aging and
37 Disability Services, and the Department of State
38 Health Services, shall by rule adopt result-oriented
39 standards that a provider of substitute care services
40 for children under the care of the state must achieve.

41 (b) A health and human services agency that
42 purchases substitute care services must include the
43 result-oriented standards as requirements in each
44 substitute care service provider contract.

45 (c) A health and human services agency may
46 provide information about a substitute care provider,
47 including rates, contracts, outcomes, and client
48 information, to another agency that purchases
49 substitute care services.

1 Revisor's Note

2 Section 531.047(a), Government Code, requires
3 the Health and Human Services Commission to consult
4 with representatives from the "Department of Aging and
5 Disability Services" and the "Department of State
6 Health Services." The revised law omits the reference
7 to the "Department of Aging and Disability Services"
8 for the reason stated in Revisor's Note (1) to Section
9 526.0003 of this chapter. The revised law also
10 substitutes "commission" for "Department of State
11 Health Services" for the reason stated in Revisor's
12 Note (3) to Section 526.0007 of this chapter.

13 Revised Law

14 Sec. 526.0502. REPORT ON DELIVERY OF HEALTH AND HUMAN
15 SERVICES TO YOUNG TEXANS. (a) The commission shall publish on the
16 commission's Internet website a biennial report that addresses the
17 efforts of the health and human services agencies to provide health
18 and human services to children younger than six years of age.

19 (b) The report may:

20 (1) contain the commission's recommendations to better
21 coordinate state agency programs relating to the delivery of health
22 and human services to children younger than six years of age; and

23 (2) propose joint agency collaborative programs.

24 (c) On or before the date the report is due, the commission
25 shall notify the governor, the lieutenant governor, the speaker of
26 the house of representatives, the comptroller, and the appropriate
27 legislative committees that the report is available on the
28 commission's Internet website. (Gov. Code, Sec. 531.02492.)

29 Source Law

30 Sec. 531.02492. DELIVERY OF HEALTH AND HUMAN
31 SERVICES TO YOUNG TEXANS. (b) The commission shall
32 electronically publish on the commission's Internet
33 website a biennial report and, on or before the date
34 the report is due, shall notify the governor, the
35 lieutenant governor, the speaker of the house of
36 representatives, the comptroller, and the appropriate
37 legislative committees that the report is available on
38 the commission's Internet website. The report must

1 address the efforts of the health and human services
2 agencies to provide health and human services to
3 children younger than six years of age. The report may
4 contain recommendations by the commission to better
5 coordinate state agency programs relating to the
6 delivery of health and human services to children
7 younger than six years of age and may propose joint
8 agency collaborative programs.

9 Revised Law

10 Sec. 526.0503. POOLED FUNDING FOR FOSTER CARE PREVENTIVE
11 SERVICES. (a) The commission and the Department of Family and
12 Protective Services shall develop and implement a plan to combine,
13 to the extent and in the manner allowed by Section 51, Article III,
14 Texas Constitution, and other applicable law, money held by those
15 agencies with money held by other appropriate state agencies and
16 local governmental entities to provide services designed to prevent
17 children from being placed in foster care. The preventive services
18 may include:

- 19 (1) child and family counseling;
20 (2) instruction in parenting and homemaking skills;
21 (3) parental support services;
22 (4) temporary respite care; and
23 (5) crisis services.

24 (b) The plan must provide for:

25 (1) state money to be distributed to other state
26 agencies, local governmental entities, or private entities only as
27 specifically directed by the terms of a grant or contract to provide
28 preventive services;

29 (2) procedures to ensure that money the commission
30 receives by gift, grant, or interagency or interlocal contract from
31 another state agency, a local governmental entity, the federal
32 government, or any other public or private source for purposes of
33 this section are disbursed in accordance with the terms under which
34 the commission received the money; and

35 (3) a reporting mechanism to ensure appropriate use of
36 money.

37 (c) For the purposes of this section, the commission may
38 request and accept gifts and grants under the terms of a gift,

1 grant, or contract from a local governmental entity, a private
2 entity, or any other public or private source for use in providing
3 services designed to prevent children from being placed in foster
4 care. If required by the terms of a gift, grant, or contract or by
5 applicable law, the commission shall use the amounts received:

6 (1) from a local governmental entity to provide the
7 services in the geographic area of this state in which the entity is
8 located; and

9 (2) from the federal government or a private entity to
10 provide the services statewide or in a particular geographic area
11 of this state. (Gov. Code, Sec. 531.088.)

12 Source Law

13 Sec. 531.088. POOLED FUNDING FOR FOSTER CARE
14 PREVENTIVE SERVICES. (a) The commission and the
15 Department of Family and Protective Services shall
16 develop and implement a plan to combine, to the extent
17 and in the manner allowed by Section 51, Article III,
18 Texas Constitution, and other applicable law, funds of
19 those agencies with funds of other appropriate state
20 agencies and local governmental entities to provide
21 services designed to prevent children from being
22 placed in foster care. The preventive services may
23 include:

- 24 (1) child and family counseling;
25 (2) instruction in parenting and
26 homemaking skills;
27 (3) parental support services;
28 (4) temporary respite care; and
29 (5) crisis services.

30 (b) The plan must provide for:

31 (1) state funding to be distributed to
32 other state agencies, local governmental entities, or
33 private entities only as specifically directed by the
34 terms of a grant or contract to provide preventive
35 services;

36 (2) procedures to ensure that funds
37 received by the commission by gift, grant, or
38 interagency or interlocal contract from another state
39 agency, a local governmental entity, the federal
40 government, or any other public or private source for
41 purposes of this section are disbursed in accordance
42 with the terms under which the commission received the
43 funds; and

44 (3) a reporting mechanism to ensure
45 appropriate use of funds.

46 (c) For the purposes of this section, the
47 commission may request and accept gifts and grants
48 under the terms of a gift, grant, or contract from a
49 local governmental entity, a private entity, or any
50 other public or private source for use in providing
51 services designed to prevent children from being
52 placed in foster care. If required by the terms of a
53 gift, grant, or contract or by applicable law, the
54 commission shall use the amounts received:

55 (1) from a local governmental entity to

1 provide the services in the geographic area of this
2 state in which the entity is located; and

3 (2) from the federal government or a
4 private entity to provide the services statewide or in
5 a particular geographic area of this state.

6 Revised Law

7 Sec. 526.0504. PARTICIPATION BY FATHERS. (a) The
8 commission and each health and human services agency shall
9 periodically examine commission or agency policies and procedures
10 to determine if the policies and procedures deter or encourage
11 participation of fathers in commission or agency programs and
12 services relating to children.

13 (b) Based on the examination required under Subsection (a),
14 the commission and each health and human services agency shall
15 modify policies and procedures as necessary to permit full
16 participation of fathers in commission or agency programs and
17 services relating to children in all appropriate circumstances.

18 (Gov. Code, Sec. 531.061.)

19 Source Law

20 Sec. 531.061. PARTICIPATION BY FATHERS. (a)
21 The commission and each health and human services
22 agency shall periodically examine commission or agency
23 policies and procedures to determine if the policies
24 and procedures deter or encourage participation of
25 fathers in commission or agency programs and services
26 relating to children.

27 (b) Based on the examination required under
28 Subsection (a), the commission and each health and
29 human services agency shall modify policies and
30 procedures as necessary to permit full participation
31 of fathers in commission or agency programs and
32 services relating to children in all appropriate
33 circumstances.

34 Revised Law

35 Sec. 526.0505. PROHIBITED PUNITIVE ACTION FOR FAILURE TO
36 IMMUNIZE. (a) In this section:

37 (1) "Person responsible for a child's care, custody,
38 or welfare" has the meaning assigned by Section 261.001, Family
39 Code.

40 (2) "Punitive action" includes initiating an
41 investigation of a person responsible for a child's care, custody,
42 or welfare for alleged or suspected abuse or neglect of a child.

43 (b) The executive commissioner by rule shall prohibit a

1 health and human services agency from taking a punitive action
2 against a person responsible for a child's care, custody, or
3 welfare for the person's failure to ensure that the child receives
4 the immunization series prescribed by Section 161.004, Health and
5 Safety Code.

6 (c) This section does not affect a law, including Chapter
7 31, Human Resources Code, that specifically provides a punitive
8 action for failure to ensure that a child receives the immunization
9 series prescribed by Section 161.004, Health and Safety Code. (Gov.
10 Code, Sec. 531.0335.)

11 Source Law

12 Sec. 531.0335. PROHIBITION ON PUNITIVE ACTION
13 FOR FAILURE TO IMMUNIZE. (a) In this section:

14 (1) "Person responsible for a child's
15 care, custody, or welfare" has the meaning assigned by
16 Section 261.001, Family Code.

17 (2) "Punitive action" includes the
18 initiation of an investigation of a person responsible
19 for a child's care, custody, or welfare for alleged or
20 suspected abuse or neglect of a child.

21 (b) The executive commissioner by rule shall
22 prohibit a health and human services agency from
23 taking a punitive action against a person responsible
24 for a child's care, custody, or welfare for failure of
25 the person to ensure that the child receives the
26 immunization series prescribed by Section 161.004,
27 Health and Safety Code.

28 (c) This section does not affect a law,
29 including Chapter 31, Human Resources Code, that
30 specifically provides a punitive action for failure to
31 ensure that a child receives the immunization series
32 prescribed by Section 161.004, Health and Safety Code.

33 Revised Law

34 Sec. 526.0506. INVESTIGATION UNIT FOR CHILD-CARE
35 FACILITIES OPERATING ILLEGALLY. The executive commissioner shall
36 maintain a unit within the commission's child-care licensing
37 division consisting of investigators whose primary responsibility
38 is to:

39 (1) identify child-care facilities that are operating
40 without a license, certification, registration, or listing
41 required by Chapter 42, Human Resources Code; and

42 (2) initiate appropriate enforcement actions against
43 those facilities. (Gov. Code, Sec. 531.0084.)

1 Revised Law

2 Sec. 526.0552. RULES. The executive commissioner may adopt
3 rules as necessary to implement this subchapter. (Gov. Code,
4 Sec. 531.988.)

5 Source Law

6 Sec. 531.988. RULES. The executive
7 commissioner may adopt rules as necessary to implement
8 this subchapter.

9 Revised Law

10 Sec. 526.0553. STRATEGIC PLAN; ELIGIBILITY. (a) The
11 commission shall maintain a strategic plan to serve at-risk
12 pregnant women and families with children younger than six years of
13 age through home visiting programs that improve outcomes for
14 parents and families.

15 (b) A pregnant woman or family is considered at-risk for
16 purposes of this section and may be eligible for voluntary
17 enrollment in a home visiting program if the woman or family is
18 exposed to one or more risk factors.

19 (c) The commission may determine if a risk factor or
20 combination of risk factors an at-risk pregnant woman or family
21 experiences qualifies the woman or family for enrollment in a home
22 visiting program. (Gov. Code, Sec. 531.982.)

23 Source Law

24 Sec. 531.982. IMPLEMENTATION OF TEXAS HOME
25 VISITING PROGRAM. (a) The commission shall maintain a
26 strategic plan to serve at-risk pregnant women and
27 families with children under the age of six through
28 home visiting programs that improve outcomes for
29 parents and families.

30 (b) A pregnant woman or family is considered
31 at-risk for purposes of this section and may be
32 eligible for voluntary enrollment in a home visiting
33 program if the woman or family is exposed to one or
34 more risk factors.

35 (c) The commission may determine if a risk
36 factor or combination of risk factors experienced by
37 an at-risk pregnant woman or family qualifies the
38 woman or family for enrollment in a home visiting
39 program.

40 Revised Law

41 Sec. 526.0554. TYPES OF HOME VISITING PROGRAMS. (a) A home
42 visiting program is classified as either an evidence-based program

1 or a promising practice program.

2 (b) An evidence-based program is a home visiting program
3 that:

4 (1) is research-based and grounded in relevant,
5 empirically based knowledge and program-determined outcomes;

6 (2) is associated with a national organization,
7 institution of higher education, or national or state public health
8 institute;

9 (3) has comprehensive standards that ensure
10 high-quality service delivery and continuously improving quality;

11 (4) has demonstrated significant positive short-term
12 and long-term outcomes;

13 (5) has been evaluated by at least one rigorous
14 randomized controlled research trial across heterogeneous
15 populations or communities, the results of at least one of which
16 have been published in a peer-reviewed journal;

17 (6) follows with fidelity a program manual or design
18 that specifies the purpose, outcomes, duration, and frequency of
19 the services that constitute the program;

20 (7) employs well-trained and competent staff and
21 provides continual relevant professional development
22 opportunities;

23 (8) demonstrates strong links to other
24 community-based services; and

25 (9) ensures compliance with home visiting standards.

26 (c) A promising practice program is a home visiting program
27 that:

28 (1) has an active impact evaluation program or can
29 demonstrate a timeline for implementing an active impact evaluation
30 program;

31 (2) has been evaluated by at least one outcome-based
32 study demonstrating effectiveness or a randomized controlled trial
33 in a homogeneous sample;

34 (3) follows with fidelity a program manual or design

1 that specifies the purpose, outcomes, duration, and frequency of
2 the services that constitute the program;

3 (4) employs well-trained and competent staff and
4 provides continual relevant professional development
5 opportunities;

6 (5) demonstrates strong links to other
7 community-based services; and

8 (6) ensures compliance with home visiting standards.

9 (Gov. Code, Sec. 531.983.)

10 Source Law

11 Sec. 531.983. TYPES OF HOME VISITING PROGRAMS.

12 (a) A home visiting program is classified as either an
13 evidence-based program or a promising practice
14 program.

15 (b) An evidence-based program is a home visiting
16 program that:

17 (1) is research-based and grounded in
18 relevant, empirically based knowledge and
19 program-determined outcomes;

20 (2) is associated with a national
21 organization, institution of higher education, or
22 national or state public health institute;

23 (3) has comprehensive standards that
24 ensure high-quality service delivery and continuously
25 improving quality;

26 (4) has demonstrated significant positive
27 short-term and long-term outcomes;

28 (5) has been evaluated by at least one
29 rigorous randomized controlled research trial across
30 heterogeneous populations or communities, the results
31 of at least one of which has been published in a
32 peer-reviewed journal;

33 (6) follows with fidelity a program manual
34 or design that specifies the purpose, outcomes,
35 duration, and frequency of the services that
36 constitute the program;

37 (7) employs well-trained and competent
38 staff and provides continual relevant professional
39 development opportunities;

40 (8) demonstrates strong links to other
41 community-based services; and

42 (9) ensures compliance with home visiting
43 standards.

44 (c) A promising practice program is a home
45 visiting program that:

46 (1) has an active impact evaluation
47 program or can demonstrate a timeline for implementing
48 an active impact evaluation program;

49 (2) has been evaluated by at least one
50 outcome-based study demonstrating effectiveness or a
51 randomized controlled trial in a homogeneous sample;

52 (3) follows with fidelity a program manual
53 or design that specifies the purpose, outcomes,
54 duration, and frequency of the services that
55 constitute the program;

56 (4) employs well-trained and competent
57 staff and provides continual relevant professional

1 development opportunities;
2 (5) demonstrates strong links to other
3 community-based services; and
4 (6) ensures compliance with home visiting
5 standards.

6 Revised Law

7 Sec. 526.0555. OUTCOMES. The commission shall ensure that
8 a home visiting program achieves favorable outcomes in at least two
9 of the following areas:

- 10 (1) improved maternal or child health outcomes;
11 (2) improved cognitive development of children;
12 (3) increased school readiness of children;
13 (4) reduced child abuse, neglect, and injury;
14 (5) improved child safety;
15 (6) improved social-emotional development of
16 children;
17 (7) improved parenting skills, including nurturing
18 and bonding;
19 (8) improved family economic self-sufficiency;
20 (9) reduced parental involvement with the criminal
21 justice system; and
22 (10) increased father involvement and support. (Gov.
23 Code, Sec. 531.985.)

24 Source Law

25 Sec. 531.985. OUTCOMES. The commission shall
26 ensure that a home visiting program achieves favorable
27 outcomes in at least two of the following areas:
28 (1) improved maternal or child health
29 outcomes;
30 (2) improved cognitive development of
31 children;
32 (3) increased school readiness of
33 children;
34 (4) reduced child abuse, neglect, and
35 injury;
36 (5) improved child safety;
37 (6) improved social-emotional development
38 of children;
39 (7) improved parenting skills, including
40 nurturing and bonding;
41 (8) improved family economic
42 self-sufficiency;
43 (9) reduced parental involvement with the
44 criminal justice system; and
45 (10) increased father involvement and
46 support.

1 Revised Law

2 Sec. 526.0556. EVALUATION OF HOME VISITING PROGRAM. (a)

3 The commission shall adopt outcome indicators to measure the
4 effectiveness of a home visiting program in achieving desired
5 outcomes.

6 (b) The commission may work directly with the model
7 developer of a home visiting program to identify appropriate
8 outcome indicators for the program and to ensure that the program
9 demonstrates fidelity to its research model.

10 (c) The commission shall develop internal processes to work
11 with home visiting programs in sharing data and information to aid
12 in relevant analysis of a home visiting program's performance.

13 (d) The commission shall use data gathered under this
14 section to monitor, conduct ongoing quality improvement on, and
15 evaluate the effectiveness of home visiting programs. (Gov. Code,
16 Sec. 531.986.)

17 Source Law

18 Sec. 531.986. EVALUATION OF HOME VISITING
19 PROGRAM. (a) The commission shall adopt outcome
20 indicators to measure the effectiveness of a home
21 visiting program in achieving desired outcomes.

22 (b) The commission may work directly with the
23 model developer of a home visiting program to identify
24 appropriate outcome indicators for the program and to
25 ensure that the program demonstrates fidelity to its
26 research model.

27 (c) The commission shall develop internal
28 processes to work with home visiting programs to share
29 data and information to aid in making relevant
30 analysis of the performance of a home visiting
31 program.

32 (d) The commission shall use data gathered under
33 this section to monitor, conduct ongoing quality
34 improvement on, and evaluate the effectiveness of home
35 visiting programs.

36 Revised Law

37 Sec. 526.0557. FUNDING. (a) The commission shall ensure
38 that at least 75 percent of the money appropriated for home visiting
39 programs is used in evidence-based programs described by Section
40 526.0554(b), with any remaining money dedicated to promising
41 practice programs described by Section 526.0554(c).

42 (b) The commission shall actively seek and apply for any

1 available federal money to support home visiting programs,
2 including federal money from the Temporary Assistance for Needy
3 Families program.

4 (c) The commission may accept gifts, donations, and grants
5 to support home visiting programs. (Gov. Code, Sec. 531.984; New.)

6 Source Law

7 Sec. 531.984. FUNDING. (a) The commission
8 shall ensure that at least 75 percent of funds
9 appropriated for home visiting programs are used in
10 evidence-based programs, with any remaining funds
11 dedicated to promising practice programs.

12 (b) The commission shall actively seek and apply
13 for any available federal funds to support home
14 visiting programs, including federal funds from the
15 Temporary Assistance for Needy Families program.

16 (c) The commission may accept gifts, donations,
17 and grants to support home visiting programs.

18 Revisor's Note

19 Section 531.984(a), Government Code, requires
20 the Health and Human Services Commission to ensure
21 that certain amounts of money are appropriated to
22 evidence-based programs and promising practice
23 programs. Sections 526.0554(b) and (c) of this chapter
24 describe the requirements for evidence-based programs
25 and promising practice programs, respectively.
26 Accordingly, the revised law adds a reference to those
27 subsections for clarity and the convenience of the
28 reader.

29 Revised Law

30 Sec. 526.0558. REPORTS TO LEGISLATURE. (a) Not later than
31 December 1 of each even-numbered year, the commission shall prepare
32 and submit a report on state-funded home visiting programs to the
33 Senate Committee on Health and Human Services and the House Human
34 Services Committee or their successors.

35 (b) A report submitted under this section must include:

36 (1) a description of home visiting programs being
37 implemented and the associated models;

38 (2) data on the number of families being served and
39 their demographic information;

1 (3) the goals and achieved outcomes of home visiting
2 programs;

3 (4) data on cost per family served, including
4 third-party return-on-investment analysis, if available; and

5 (5) data explaining the percentage of funding that has
6 been used on evidence-based programs and the percentage of funding
7 that has been used on promising practice programs. (Gov. Code, Sec.
8 531.9871.)

9 Source Law

10 Sec. 531.9871. REPORTS TO LEGISLATURE. (a) Not
11 later than December 1 of each even-numbered year, the
12 commission shall prepare and submit a report on
13 state-funded home visiting programs to the Senate
14 Committee on Health and Human Services and the House
15 Human Services Committee or their successors.

16 (b) A report submitted under this section must
17 include:

18 (1) a description of home visiting
19 programs being implemented and the associated models;

20 (2) data on the number of families being
21 served and their demographic information;

22 (3) the goals and achieved outcomes of
23 home visiting programs;

24 (4) data on cost per family served,
25 including third-party return-on-investment analysis,
26 if available; and

27 (5) data explaining what percentage of
28 funding has been used on evidence-based programs and
29 what percentage of funding has been used on promising
30 practice programs.

31 SUBCHAPTER M. SERVICE MEMBERS, DEPENDENTS, AND VETERANS

32 Revised Law

33 Sec. 526.0601. SERVICES FOR SERVICE MEMBERS. (a) In this
34 section, "service member" means a member or former member of the
35 state military forces or a component of the United States armed
36 forces, including a reserve component.

37 (b) The executive commissioner shall ensure that each
38 health and human services agency adopts policies and procedures
39 that require the agency to:

40 (1) identify service members who are seeking services
41 from the agency during the agency's intake and eligibility
42 determination process; and

43 (2) direct service members seeking services to
44 appropriate service providers, including:

1 (A) the United States Veterans Health
2 Administration;

3 (B) National Guard Bureau facilities; and

4 (C) other federal, state, and local service
5 providers.

6 (c) The executive commissioner shall make the directory of
7 resources established under Section 161.552, Health and Safety
8 Code, accessible to each health and human services agency. (Gov.
9 Code, Sec. 531.093.)

10 Source Law

11 Sec. 531.093. SERVICES FOR MILITARY PERSONNEL.

12 (a) In this section, "servicemember" has the meaning
13 assigned by Section 161.551, Health and Safety Code.

14 (b) The executive commissioner shall ensure
15 that each health and human services agency adopts
16 policies and procedures that require the agency to:

17 (1) identify servicemembers who are
18 seeking services from the agency during the agency's
19 intake and eligibility determination process; and

20 (2) direct servicemembers seeking
21 services to appropriate service providers, including
22 the United States Veterans Health Administration,
23 National Guard Bureau facilities, and other federal,
24 state, and local service providers.

25 (c) The executive commissioner shall make the
26 directory of resources established under Section
27 161.552, Health and Safety Code, accessible to each
28 health and human services agency.

29 Revisor's Note

30 Section 531.093(a), Government Code, defines
31 "servicemember" for that section by referencing the
32 meaning assigned to the term by Section 161.551,
33 Health and Safety Code. For consistency in terminology
34 used throughout the revised chapter and for the
35 convenience of the reader, the revised law substitutes
36 "service member" for "servicemember" and adds the
37 substance of the definition from Section 161.551.

38 Revised Law

39 Sec. 526.0602. INTEREST OR OTHER WAITING LIST FOR CERTAIN
40 SERVICE MEMBERS AND DEPENDENTS. (a) In this section, "service
41 member" means a member of the United States military serving in the
42 army, navy, air force, marine corps, or coast guard on active duty.

1 (b) This section applies only to:

2 (1) a service member who has declared and maintains
3 this state as the member's state of legal residence in the manner
4 provided by the applicable military branch;

5 (2) a spouse or dependent child of a member described
6 by Subdivision (1); or

7 (3) the spouse or dependent child of a former service
8 member who had declared and maintained this state as the member's
9 state of legal residence in the manner provided by the applicable
10 military branch and who:

11 (A) was killed in action; or

12 (B) died while in service.

13 (c) The executive commissioner by rule shall require the
14 commission or another health and human services agency to:

15 (1) maintain the position of an individual to whom
16 this section applies in the queue of an interest list or other
17 waiting list for any assistance program the commission or other
18 health and human services agency provides, including a Section
19 1915(c) waiver program, if the individual cannot receive benefits
20 under the assistance program because the individual temporarily
21 resides out of state as the result of military service; and

22 (2) subject to Subsection (e), offer benefits to the
23 individual according to the individual's position on the interest
24 list or other waiting list that was attained while the individual
25 resided out of state if the individual returns to reside in this
26 state.

27 (d) If an individual to whom this section applies reaches a
28 position on an interest list or other waiting list that would allow
29 the individual to receive benefits under an assistance program but
30 the individual cannot receive the benefits because the individual
31 temporarily resides out of state as the result of military service,
32 the commission or agency providing the benefits shall maintain the
33 individual's position on the list relative to other individuals on
34 the list but continue to offer benefits to other individuals on the

1 interest list or other waiting list in accordance with those
2 individuals' respective positions on the list.

3 (e) In adopting rules under Subsection (c), the executive
4 commissioner must limit the amount of time an individual to whom
5 this section applies may maintain the individual's position on an
6 interest list or other waiting list under Subsection (c) to not more
7 than one year after the date on which, as applicable:

8 (1) the service member's active duty ends;

9 (2) the member was killed if the member was killed in
10 action; or

11 (3) the member died if the member died while in
12 service. (Gov. Code, Sec. 531.0931.)

13 Source Law

14 Sec. 531.0931. INTEREST LIST OR OTHER WAITING
15 LIST RULES FOR CERTAIN MILITARY MEMBERS AND THEIR
16 DEPENDENTS. (a) In this section, "military member"
17 means a member of the United States military serving in
18 the army, navy, air force, marine corps, or coast guard
19 on active duty.

20 (b) This section applies only to:

21 (1) a military member who has declared and
22 maintains this state as the member's state of legal
23 residence in the manner provided by the applicable
24 military branch, or a spouse or dependent child of the
25 member; or

26 (2) the spouse or dependent child of a
27 former military member who had declared and maintained
28 this state as the member's state of legal residence in
29 the manner provided by the applicable military branch
30 and who:

31 (A) was killed in action; or

32 (B) died while in service.

33 (c) The executive commissioner by rule shall
34 require the commission or another health and human
35 services agency to:

36 (1) maintain the position of a person
37 subject to this section in the queue of an interest
38 list or other waiting list for any assistance program,
39 including a Section 1915(c) waiver program, provided
40 by the commission or other health and human services
41 agency, if the person cannot receive benefits under
42 the assistance program because the person temporarily
43 resides out of state as the result of military service;
44 and

45 (2) subject to Subsection (e), offer
46 benefits to the person according to the person's
47 position on the interest list or other waiting list
48 that was attained while the person resided out of state
49 if the person returns to reside in this state.

50 (d) If a person subject to this section reaches
51 a position on an interest list or other waiting list
52 that would allow the person to receive benefits under
53 an assistance program but the person cannot receive
54 the benefits because the person temporarily resides

1 out of state as the result of military service, the
2 commission or agency providing the benefits shall
3 maintain the person's position on the list relative to
4 other persons on the list but continue to offer
5 benefits to other persons on the interest list or other
6 waiting list in accordance with those persons'
7 respective positions on the list.

8 (e) In adopting rules under Subsection (c), the
9 executive commissioner must limit the amount of time a
10 person may maintain the person's position on an
11 interest list or other waiting list under Subsection
12 (c) to not more than one year after the date on which,
13 as applicable:

- 14 (1) the member's active duty ends;
15 (2) the member was killed if the member was
16 killed in action; or
17 (3) the member died if the member died
18 while in service.

19 Revisor's Note

20 Section 531.0931(a), Government Code, refers to a
21 "military member." The revised law substitutes
22 "service member" for clarity and consistency in the
23 terminology used within the Government Code.

24 Revised Law

25 Sec. 526.0603. MEMORANDUM OF UNDERSTANDING REGARDING
26 PUBLIC ASSISTANCE REPORTING INFORMATION SYSTEM; MAXIMIZATION OF
27 BENEFITS. (a) In this section, "system" means the Public
28 Assistance Reporting Information System (PARIS) operated by the
29 Administration for Children and Families of the United States
30 Department of Health and Human Services.

31 (b) The commission, the Texas Veterans Commission, and the
32 Veterans' Land Board shall enter into a memorandum of understanding
33 for the purposes of:

34 (1) coordinating and collecting information about
35 state agencies' use and analysis of data received from the system;
36 and

37 (2) developing new strategies for state agencies to
38 use system data in ways that:

- 39 (A) generate fiscal savings for this state; and
40 (B) maximize the availability of and access to
41 benefits for veterans.

42 (c) The commission and the Texas Veterans Commission:

- 43 (1) shall coordinate to assist veterans in maximizing

1 the benefits available to each veteran by using the system; and

2 (2) together may determine the geographic scope of the
3 efforts described by Subdivision (1).

4 (d) Not later than October 1 of each year, the commission,
5 the Texas Veterans Commission, and the Veterans' Land Board
6 collectively shall submit to the legislature, the governor, and the
7 Legislative Budget Board a report describing:

8 (1) interagency progress in identifying and obtaining
9 United States Department of Veterans Affairs benefits for veterans
10 receiving Medicaid and other public benefits;

11 (2) the number of veterans benefits claims awarded,
12 the total dollar amount of veterans benefits claims awarded, and
13 the costs to this state that were avoided as a result of state
14 agencies' use of the system;

15 (3) efforts to expand the use of the system and improve
16 the effectiveness of shifting veterans from Medicaid and other
17 public benefits to United States Department of Veterans Affairs
18 benefits, including any barriers and the manner in which state
19 agencies have addressed those barriers; and

20 (4) the extent to which the Texas Veterans Commission
21 has targeted specific veteran populations, including populations
22 in rural counties and in specific age and service-connected
23 disability categories, in order to maximize benefits for veterans
24 and savings to this state.

25 (e) The report may be consolidated with any other report
26 relating to the same subject matter the commission is required to
27 submit under other law. (Gov. Code, Sec. 531.0998.)

28 Source Law

29 Sec. 531.0998. MEMORANDUM OF UNDERSTANDING
30 REGARDING PUBLIC ASSISTANCE REPORTING INFORMATION
31 SYSTEM; MAXIMIZATION OF BENEFITS. (a) In this
32 section, "system" means the Public Assistance
33 Reporting Information System (PARIS) operated by the
34 Administration for Children and Families of the United
35 States Department of Health and Human Services.

36 (b) The commission, the Texas Veterans
37 Commission, the Veterans' Land Board, and the
38 Department of Aging and Disability Services shall
39 enter into a memorandum of understanding for the

1 purposes of:

2 (1) coordinating and collecting
3 information about the use and analysis among state
4 agencies of data received from the system; and

5 (2) developing new strategies for state
6 agencies to use system data in ways that:

7 (A) generate fiscal savings for the
8 state; and

9 (B) maximize the availability of and
10 access to benefits for veterans.

11 (c) The commission, the Texas Veterans
12 Commission, and the Department of Aging and Disability
13 Services shall coordinate to assist veterans in
14 maximizing the benefits available to each veteran by
15 using the system.

16 (d) The commission and the Texas Veterans
17 Commission together may determine the geographic scope
18 of the efforts described by Subsection (c).

19 (e) Not later than October 1 of each year, the
20 commission, the Texas Veterans Commission, the
21 Veterans' Land Board, and the Department of Aging and
22 Disability Services collectively shall submit to the
23 legislature, the governor, and the Legislative Budget
24 Board a report describing:

25 (1) interagency progress in identifying
26 and obtaining United States Department of Veterans
27 Affairs benefits for veterans receiving Medicaid and
28 other public benefit programs;

29 (2) the number of veterans benefits claims
30 awarded, the total dollar amount of veterans benefits
31 claims awarded, and the costs to the state that were
32 avoided as a result of state agencies' use of the
33 system;

34 (3) efforts to expand the use of the system
35 and improve the effectiveness of shifting veterans
36 from Medicaid and other public benefits to United
37 States Department of Veterans Affairs benefits,
38 including any barriers and how state agencies have
39 addressed those barriers; and

40 (4) the extent to which the Texas Veterans
41 Commission has targeted specific populations of
42 veterans, including populations in rural counties and
43 in specific age and service-connected disability
44 categories, in order to maximize benefits for veterans
45 and savings to the state.

46 (g) The report may be consolidated with any
47 other report relating to the same subject matter the
48 commission is required to submit under other law.

49 SUBCHAPTER N. PLAN TO SUPPORT GUARDIANSHIPS

50 Revised Law

51 Sec. 526.0651. DEFINITIONS. In this subchapter:

52 (1) "Guardian" has the meaning assigned by Section
53 1002.012, Estates Code.

54 (2) "Guardianship program" has the meaning assigned by
55 Section 155.001.

56 (3) "Incapacitated individual" means an incapacitated
57 person as defined by Section 1002.017, Estates Code. (Gov. Code,
58 Sec. 531.121.)

1 (1) a local guardianship program; and

2 (2) a local legal guardianship program to enable the
3 family members and friends with low incomes of a proposed ward who
4 is indigent to have legal representation in court if the
5 individuals are willing and able to be appointed guardians of the
6 proposed ward.

7 (b) To receive a grant under Subsection (a)(1), a local
8 guardianship program operating in a county with a population of at
9 least 150,000 must offer or submit a plan acceptable to the
10 commission to offer, among the program's services, a money
11 management service for appropriate clients, as determined by the
12 program. The program may provide the money management service
13 directly or by referring a client to a money management service that
14 satisfies the requirements under Subsection (c).

15 (c) A money management service to which a local guardianship
16 program may refer a client must:

17 (1) use employees or volunteers to provide bill
18 payment or representative payee services;

19 (2) provide the service's employees and volunteers
20 with training, technical support, monitoring, and supervision;

21 (3) match employees or volunteers with clients in a
22 manner that ensures that the match is agreeable to both the employee
23 or volunteer and the client;

24 (4) insure each employee and volunteer and hold the
25 employee or volunteer harmless from liability for damages
26 proximately caused by acts or omissions of the employee or
27 volunteer while acting in the course and scope of the employee's or
28 volunteer's duties or functions within the organization;

29 (5) have an advisory council that meets regularly and
30 is composed of individuals who are knowledgeable with respect to
31 issues related to guardianship, alternatives to guardianship, and
32 related social services programs;

33 (6) be administered by a nonprofit corporation:

34 (A) formed under the Texas Nonprofit Corporation

1 Law, as described by Section 1.008, Business Organizations Code;
2 and

3 (B) exempt from taxation under Section 501(a),
4 Internal Revenue Code of 1986, by being listed as an exempt entity
5 under Section 501(c)(3) of that code; and

6 (7) refer clients who are in need of other services
7 from an area agency on aging to the appropriate area agency on
8 aging.

9 (d) A local guardianship program operating in a county with
10 a population of less than 150,000 may, at the program's option,
11 offer, either directly or by referral, a money management service
12 among the program's services. If the program elects to offer a money
13 management service by referral, the service must satisfy the
14 requirements under Subsection (c), except as provided by Subsection
15 (e).

16 (e) On request by a local guardianship program, the
17 commission may waive a requirement under Subsection (c) if the
18 commission determines the waiver is appropriate to strengthen the
19 continuum of local guardianship programs in a geographic area.
20 (Gov. Code, Sec. 531.125.)

21 Source Law

22 Sec. 531.125. GRANTS. (a) The commission in
23 accordance with commission rules may award grants to:

24 (1) a local guardianship program, subject
25 to the requirements of this section; and

26 (2) a local legal guardianship program to
27 enable low-income family members and friends to have
28 legal representation in court if they are willing and
29 able to be appointed guardians of proposed wards who
30 are indigent.

31 (b) To receive a grant under Subsection (a)(1),
32 a local guardianship program operating in a county
33 that has a population of at least 150,000 must offer or
34 submit a plan acceptable to the commission to offer,
35 among the program's services, a money management
36 service for appropriate clients, as determined by the
37 program. The local guardianship program may provide
38 the money management service directly or by referring
39 a client to a money management service that satisfies
40 the requirements under Subsection (c).

41 (c) A money management service to which a local
42 guardianship program may refer a client must:

43 (1) use employees or volunteers to provide
44 bill payment or representative payee services;

45 (2) provide the service's employees and
46 volunteers with training, technical support,

1 monitoring, and supervision;
2 (3) match employees or volunteers with
3 clients in a manner that ensures that the match is
4 agreeable to both the employee or volunteer and the
5 client;
6 (4) insure each employee and volunteer,
7 and hold the employee or volunteer harmless from
8 liability, for damages proximately caused by acts or
9 omissions of the employee or volunteer while acting in
10 the course and scope of the employee's or volunteer's
11 duties or functions within the organization;
12 (5) have an advisory council that meets
13 regularly and is composed of persons who are
14 knowledgeable with respect to issues related to
15 guardianship, alternatives to guardianship, and
16 related social services programs;
17 (6) be administered by a nonprofit
18 corporation:
19 (A) formed under the Texas Nonprofit
20 Corporation Law, as described by Section 1.008,
21 Business Organizations Code; and
22 (B) exempt from federal taxation
23 under Section 501(a), Internal Revenue Code of 1986,
24 by being listed as an exempt entity under Section
25 501(c)(3) of that code; and
26 (7) refer clients who are in need of other
27 services from an area agency on aging to the
28 appropriate area agency on aging.
29 (d) A local guardianship program operating in a
30 county that has a population of less than 150,000 may,
31 at the program's option, offer, either directly or by
32 referral, a money management service among the
33 program's services. If the program elects to offer a
34 money management service by referral, the service must
35 satisfy the requirements under Subsection (c), except
36 as provided by Subsection (e).
37 (e) On request by a local guardianship program,
38 the commission may waive a requirement under
39 Subsection (c) if the commission determines that the
40 waiver is appropriate to strengthen the continuum of
41 local guardianship programs in a geographic area.

42 Revisor's Note

43 Section 531.125(a)(1), Government Code, allows
44 the Health and Human Services Commission to award a
45 grant to a local guardianship program "subject to the
46 requirements of this section." The revised law omits
47 the quoted language as unnecessary because the
48 requirements of Section 531.125, Government Code,
49 revised in this code as Section 526.0653, apply on
50 their own terms.

51 SUBCHAPTER O. ASSISTANCE PROGRAM FOR DOMESTIC VICTIMS OF
52 TRAFFICKING

53 Revised Law

54 Sec. 526.0701. DEFINITIONS. In this subchapter:

1 (1) "Domestic victim" means a victim of trafficking
2 who is a permanent legal resident or citizen of the United States.

3 (2) "Victim of trafficking" has the meaning assigned
4 by 22 U.S.C. Section 7102. (Gov. Code, Sec. 531.381.)

5 Source Law

6 Sec. 531.381. DEFINITIONS. In this subchapter:

7 (1) "Domestic victim" means a victim of
8 trafficking who is a permanent legal resident or
9 citizen of the United States.

10 (2) "Victim of trafficking" has the
11 meaning assigned by 22 U.S.C. Section 7102.

12 Revised Law

13 Sec. 526.0702. VICTIM ASSISTANCE PROGRAM. The commission
14 shall develop and implement a program designed to assist domestic
15 victims, including victims who are children, in accessing necessary
16 services. The program must include:

17 (1) a searchable database of assistance programs for
18 domestic victims that may be used to match victims with appropriate
19 resources, including:

20 (A) programs that provide mental health
21 services;

22 (B) other health services;

23 (C) services to meet victims' basic needs;

24 (D) case management services; and

25 (E) any other services the commission considers
26 appropriate;

27 (2) the grant program described by Section 526.0703;

28 (3) recommended training programs for judges,
29 prosecutors, and law enforcement personnel; and

30 (4) an outreach initiative to ensure that victims,
31 judges, prosecutors, and law enforcement personnel are aware of the
32 availability of services through the program. (Gov. Code, Sec.
33 531.382.)

34 Source Law

35 Sec. 531.382. VICTIM ASSISTANCE PROGRAM
36 ESTABLISHED. The commission shall develop and
37 implement a program designed to assist domestic
38 victims, including victims who are children, in

1 accessing necessary services. The program must consist
2 of at least the following components:

3 (1) a searchable database of assistance
4 programs for domestic victims, including programs that
5 provide mental health services, other health services,
6 services to meet victims' basic needs, case management
7 services, and any other services the commission
8 considers appropriate, that may be used to match
9 victims with appropriate resources;

10 (2) the grant program described by Section
11 531.383;

12 (3) recommended training programs for
13 judges, prosecutors, and law enforcement personnel;
14 and

15 (4) an outreach initiative to ensure that
16 victims, judges, prosecutors, and law enforcement
17 personnel are aware of the availability of services
18 through the program.

19 Revisor's Note

20 Section 531.382, Government Code, establishes a
21 program consisting of "at least the following
22 components." The revised law substitutes "include" for
23 the quoted language because Section 311.005(13),
24 Government Code (Code Construction Act), provides that
25 "includes" and "including" are terms of enlargement
26 and not of limitation and do not create a presumption
27 that components not expressed are excluded.

28 Revised Law

29 Sec. 526.0703. GRANT PROGRAM. (a) Subject to available
30 funds, the commission shall establish a grant program to award
31 grants to public and nonprofit organizations that provide
32 assistance to domestic victims, including organizations that
33 provide public awareness activities, community outreach and
34 training, victim identification services, and legal services.

35 (b) To apply for a grant under this section, an applicant
36 must submit an application in the form and manner the commission
37 prescribes. An applicant must describe in the application the
38 services the applicant intends to provide to domestic victims if
39 the grant is awarded.

40 (c) In awarding grants under this section, the commission
41 shall give preference to organizations that have experience in
42 successfully providing the types of services for which the grants
43 are awarded.

1 (d) A grant recipient shall provide the reports the
2 commission requires regarding the use of grant funds.

3 (e) Not later than December 1 of each even-numbered year,
4 the commission shall submit a report to the legislature:

5 (1) summarizing the activities, funding, and outcomes
6 of programs awarded a grant under this section; and

7 (2) providing recommendations regarding the grant
8 program.

9 (f) For purposes of Subchapter I, Chapter 659:

10 (1) the commission, for the sole purpose of
11 administering the grant program under this section, is considered
12 an eligible charitable organization entitled to participate in the
13 state employee charitable campaign; and

14 (2) a state employee is entitled to authorize a
15 deduction for contributions to the commission for the purposes of
16 administering the grant program under this section as a charitable
17 contribution under Section 659.132, and the commission may use the
18 contributions as provided by Subsection (a). (Gov. Code, Sec.
19 531.383.)

20 Source Law

21 Sec. 531.383. GRANT PROGRAM. (a) Subject to
22 available funds, the commission shall establish a
23 grant program to award grants to public and nonprofit
24 organizations that provide assistance to domestic
25 victims, including organizations that provide public
26 awareness activities, community outreach and
27 training, victim identification services, and legal
28 services.

29 (b) To apply for a grant under this section, an
30 applicant must submit an application in the form and
31 manner prescribed by the commission. An applicant must
32 describe in the application the services the applicant
33 intends to provide to domestic victims if the grant is
34 awarded.

35 (c) In awarding grants under this section, the
36 commission shall give preference to organizations that
37 have experience in successfully providing the types of
38 services for which the grants are awarded.

39 (d) A grant recipient shall provide reports as
40 required by the commission regarding the use of grant
41 funds.

42 (e) Not later than December 1 of each
43 even-numbered year, the commission shall submit a
44 report to the legislature summarizing the activities,
45 funding, and outcomes of programs awarded a grant
46 under this section and providing recommendations
47 regarding the grant program.

1 (f) For purposes of Subchapter I, Chapter 659:
2 (1) the commission, for the sole purpose
3 of administering the grant program under this section,
4 is considered an eligible charitable organization
5 entitled to participate in the state employee
6 charitable campaign; and
7 (2) a state employee is entitled to
8 authorize a deduction for contributions to the
9 commission for the purposes of administering the grant
10 program under this section as a charitable
11 contribution under Section 659.132, and the commission
12 may use the contributions as provided by Subsection
13 (a).

14 Revised Law

15 Sec. 526.0704. TRAINING PROGRAMS. The commission, with
16 assistance from the Office of Court Administration of the Texas
17 Judicial System, the Department of Public Safety, and local law
18 enforcement agencies, shall create training programs designed to
19 increase the awareness of judges, prosecutors, and law enforcement
20 personnel on:

- 21 (1) the needs of domestic victims;
22 (2) the availability of services under this
23 subchapter;
24 (3) the database of services described by Section
25 526.0702; and
26 (4) potential funding sources for those services.
27 (Gov. Code, Sec. 531.384.)

28 Source Law

29 Sec. 531.384. TRAINING PROGRAMS. The
30 commission, with assistance from the Office of Court
31 Administration of the Texas Judicial System, the
32 Department of Public Safety, and local law enforcement
33 agencies, shall create training programs designed to
34 increase the awareness of judges, prosecutors, and law
35 enforcement personnel of the needs of domestic
36 victims, the availability of services under this
37 subchapter, the database of services described by
38 Section 531.382, and potential funding sources for
39 those services.

40 Revised Law

41 Sec. 526.0705. FUNDING. The commission may use
42 appropriated money and may accept gifts, grants, and donations from
43 any sources for purposes of the victim assistance program
44 established under this subchapter. (Gov. Code, Sec. 531.385.)

1 Archives Commission and other appropriate state
2 agencies, shall conduct public awareness and education
3 outreach campaigns designed to provide information
4 relating to the programs and resources available to
5 aging adults who are blind or visually impaired in this
6 state. The campaigns must be:

7 (1) tailored to targeted populations,
8 including:

9 (A) aging adults with or at risk of
10 blindness or visual impairment and the families and
11 caregivers of those adults;

12 (B) health care providers, including
13 home and community-based services providers, health
14 care facilities, and emergency medical services
15 providers;

16 (C) community and faith-based
17 organizations; and

18 (D) the general public; and

19 (2) disseminated through methods
20 appropriate for each targeted population, including
21 by:

22 (A) attending health fairs; and

23 (B) working with organizations or
24 groups that serve aging adults, including community
25 clinics, libraries, support groups for aging adults,
26 veterans organizations, for-profit providers of
27 vision services, and the state and local chapters of
28 the National Federation of the Blind.

29 Revised Law

30 Sec. 526.0752. RULES. The executive commissioner may adopt
31 rules necessary to implement this subchapter. (Gov. Code, Sec.
32 531.0319(c).)

33 Source Law

34 (c) The executive commissioner may adopt rules
35 necessary to implement this section.

36 Revised Law

37 Sec. 526.0753. COMMISSION SUPPORT. To support campaigns
38 conducted under this subchapter, the commission shall:

39 (1) establish a toll-free telephone number for
40 providing counseling and referrals to appropriate services for
41 aging adults who are blind or visually impaired;

42 (2) post on the commission's Internet website
43 information and training resources for aging adults, community
44 stakeholders, and health care and other service providers that
45 generally serve aging adults, including:

46 (A) links to Internet websites that contain
47 resources for individuals who are blind or visually impaired;

48 (B) existing videos that provide awareness of

1 blindness and visual impairments among aging adults and the
2 importance of early intervention;

3 (C) best practices for referring aging adults at
4 risk of blindness or visual impairment for appropriate services;
5 and

6 (D) training about resources available for aging
7 adults who are blind or visually impaired for the staff of aging and
8 disability resource centers established under the Aging and
9 Disability Resource Center initiative funded partly by the federal
10 Administration on Aging and the Centers for Medicare and Medicaid
11 Services;

12 (3) designate a commission contact to assist aging
13 adults who are diagnosed with a visual impairment and are losing
14 vision and the families of those adults with locating and obtaining
15 appropriate services; and

16 (4) encourage awareness of the reading services the
17 Texas State Library and Archives Commission offers for individuals
18 who are blind or visually impaired. (Gov. Code, Sec. 531.0319(b).)

19 Source Law

20 (b) To support campaigns conducted under this
21 section, the commission shall:

22 (1) establish a toll-free telephone number
23 for providing counseling and referrals to appropriate
24 services for aging adults who are blind or visually
25 impaired;

26 (2) post on the commission's Internet
27 website information and training resources for aging
28 adults, community stakeholders, and health care and
29 other service providers that generally serve aging
30 adults, including:

31 (A) links to Internet websites that
32 contain resources for persons who are blind or
33 visually impaired;

34 (B) existing videos that provide
35 awareness of blindness and visual impairments among
36 aging adults and the importance of early intervention;

37 (C) best practices for referring
38 aging adults at risk of blindness or visual impairment
39 for appropriate services; and

40 (D) training about resources
41 available for aging adults who are blind or visually
42 impaired for the staff of aging and disability
43 resource centers established under the Aging and
44 Disability Resource Center initiative funded in part
45 by the federal Administration on Aging and the Centers
46 for Medicare and Medicaid Services;

47 (3) designate a contact in the commission
48 to assist aging adults who are diagnosed with a visual

1 impairment and are losing vision and the families of
2 those adults with locating and obtaining appropriate
3 services; and
4 (4) encourage awareness of the reading
5 services for persons who are blind or visually
6 impaired that are offered by the Texas State Library
7 and Archives Commission.